

Situation Analysis of Children in the Pacific Island Countries

© United Nations Children's Fund (UNICEF), Pacific Office

December 2017

This report was written by Kirsten Anderson, Ruth Barnes, Awaz Raoof and Carolyn Hamilton, with the assistance of Laura Mertsching, Jorun Arndt, Karin Frode, Safya Benniche and Kristiana Papi. Maurice Dunaïski contributed to the chapters on Health and WASH. Further revision to the Child Protection chapter was done by Shelley Casey.

The report was commissioned by UNICEF Pacific, which engaged Coram International, at Coram Children's Legal Centre, to finalise 14 Situation Analyses and a regional overview of Pacific Island Countries: the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. In-country data collection was implemented in the Federated States of Micronesia, Fiji and Solomon Islands.

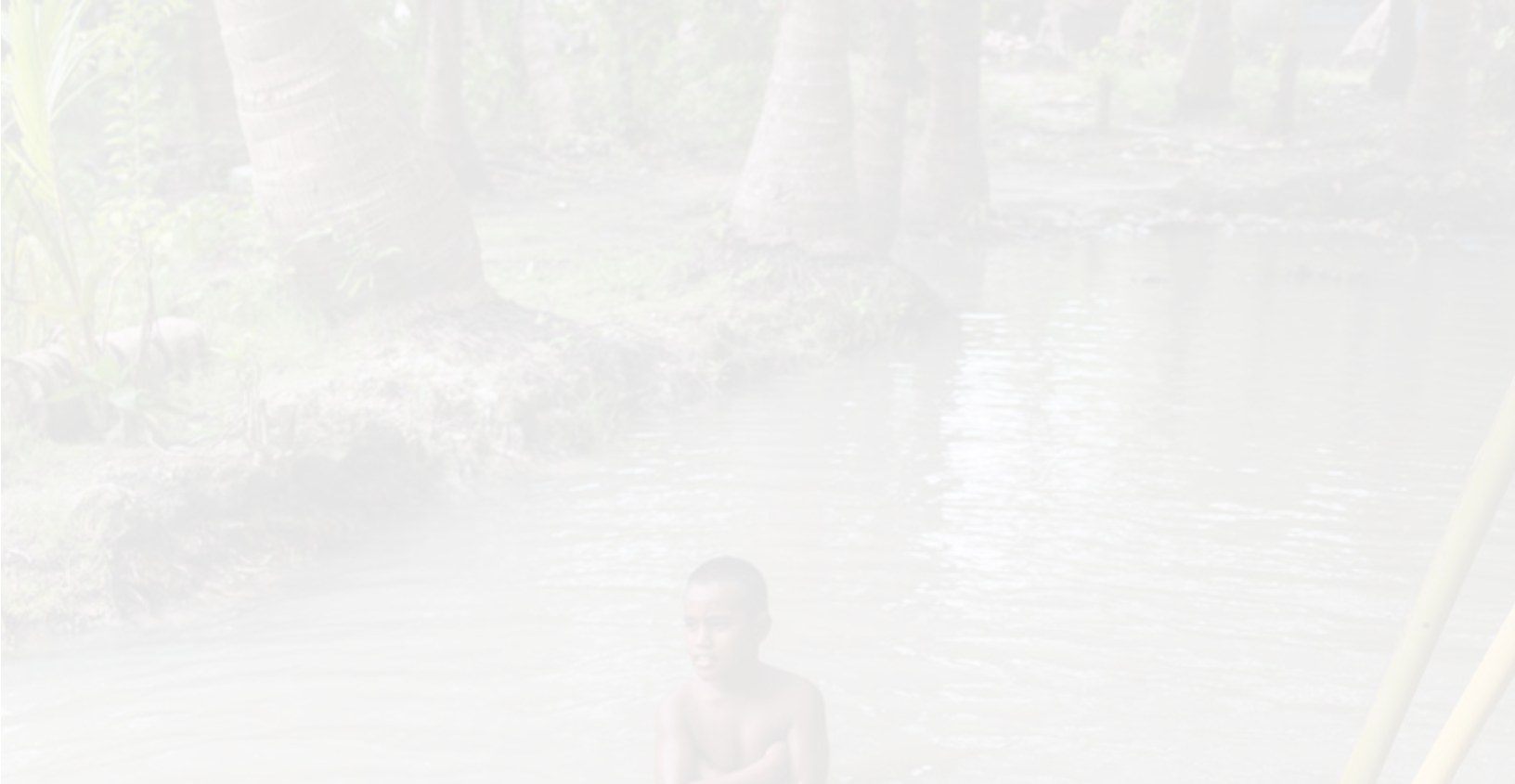
UNICEF Pacific is a multi-country office based in Fiji, with country offices in Vanuatu, Kiribati and Solomon Islands. UNICEF Pacific promotes the rights and wellbeing of every child in the 14 Pacific Island Countries, which are home to around 1.2 million children and youth, living on more than 660 islands and atolls stretching across 17.2 million square kilometres of the Pacific Ocean.

The Situational Analyses were managed by a Steering Committee within UNICEF Pacific and UNICEF EAPRO, whose members included: Andrew Colin Parker; Gerda Binder (EAPRO); Iosefo Volau; Laisani Petersen; Lemuel Fyodor Villamar; Maria Carmelita Francois; Settasak Akanimart; Stanley Gwavuya (Vice Chair), Stephanie Kleschnitzki (EAPRO); Uma Palaniappan; Vathinee Jitjaturunt (Chair) and Waqairapoa Tikoisua.

The contents of the report do not necessarily reflect the policies or views of UNICEF. UNICEF accepts no responsibility for error.

Any part of this publication may be freely reproduced with appropriate acknowledgement.

Suggested citation. United Nations Children's Fund, *Situation Analysis of Children in the Pacific Island Countries*, UNICEF, Suva, 2017



Situation Analysis of Children in the Pacific Island Countries

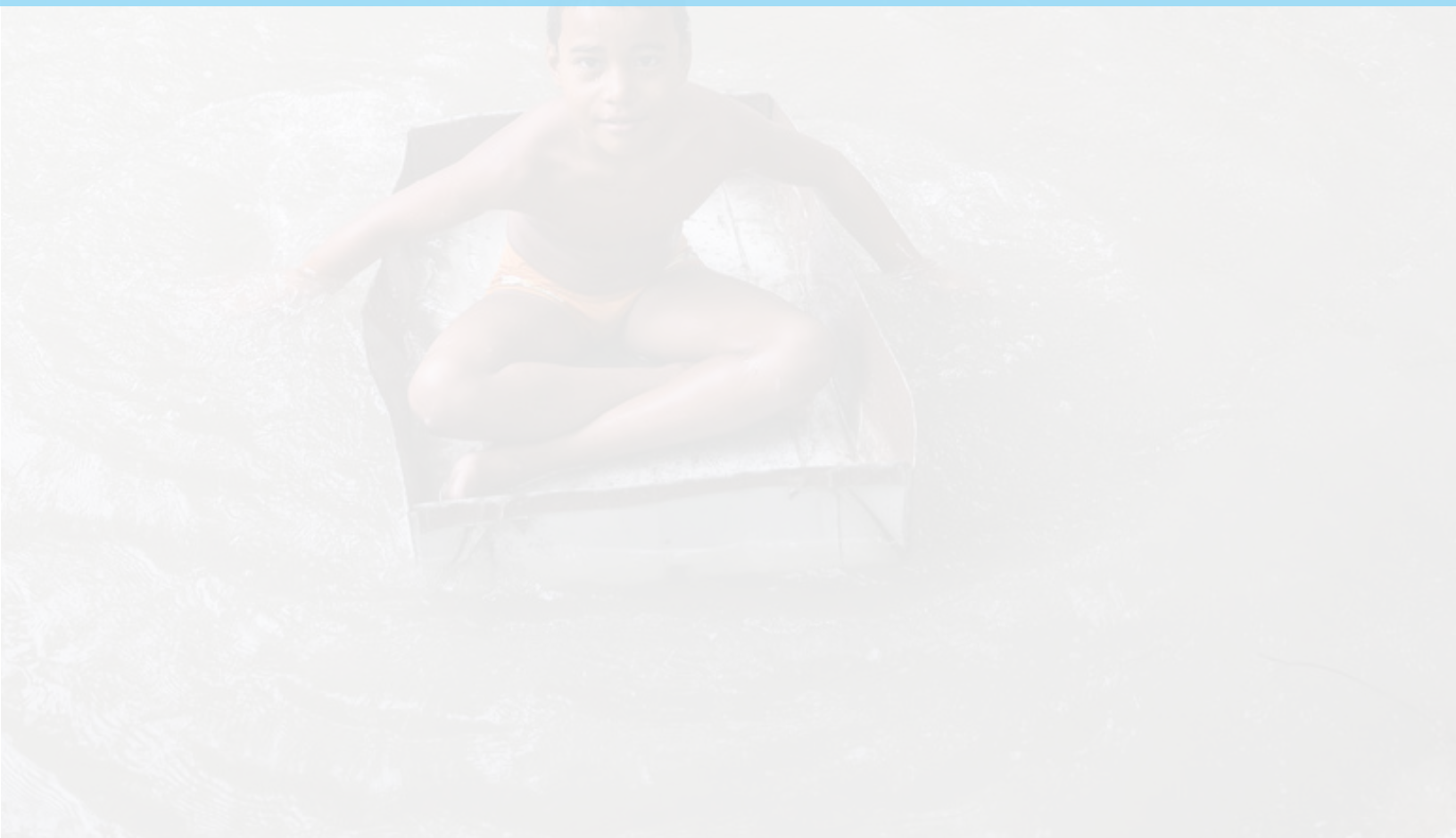


Table of Contents

| | |
|--|-----------|
| Executive Summary | 6 |
| Acronyms | 12 |
| | |
| 1. Introduction | 15 |
| 1.1. Purpose and scope..... | 15 |
| 1.2. Conceptual framework | 16 |
| 1.3. Methods and limitations | 18 |
| 1.4. Governance and validation | 19 |
| | |
| 2. Context | 20 |
| 2.1. Geography and demographics | 20 |
| 2.2. Climate and disaster risks | 22 |
| 2.2.1. Natural disaster risks | 22 |
| 2.2.2. Climate change..... | 28 |
| 2.3. Government and political context..... | 29 |
| 2.4. Socio-economic context..... | 30 |
| 2.5. Legislative and policy frameworks | 37 |
| | |
| 3. Health and nutrition | 41 |
| 3.1. Child mortality | 42 |
| 3.1.1. Under-5 mortality | 43 |
| 3.1.2. Infant mortality..... | 45 |
| 3.1.3. Neonatal mortality..... | 45 |
| 3.1.4. Disparities within countries..... | 46 |
| 3.1.5. Immediate causes of child mortality | 47 |
| 3.1.6. Underlying causes of child mortality | 48 |
| 3.2. Child health, immunization and communicable diseases..... | 48 |
| 3.3. Maternal health | 54 |
| 3.4. Violence against women and girls..... | 58 |
| 3.5. Adolescent health | 58 |
| 3.5.1. Fertility and contraceptive use | 58 |
| 3.5.2. HIV/AIDS and sexually transmitted infections..... | 61 |
| 3.5.3. Substance abuse..... | 62 |
| 3.5.4. Mental health | 65 |
| 3.6. Nutrition | 68 |
| 3.6.1. Child stunting and wasting..... | 69 |
| 3.6.2. Anaemia | 71 |
| 3.6.3. Low birth weight and underweight..... | 72 |
| 3.6.4. Obesity | 73 |
| 3.6.5. Breastfeeding..... | 77 |

| | |
|---|------------|
| 3.7. Key barriers and bottlenecks | 79 |
| 3.7.1. Transportation | 80 |
| 3.7.2. Climate and disaster risks | 80 |
| 3.7.3. Data availability | 81 |
| 3.7.4. Misperceptions and socio-religious norms | 82 |
| 3.7.5. Gender norms | 82 |
| 3.7.6. Health financing | 82 |
| 3.7.7. Health workforce..... | 87 |
| 3.7.8. Equitable service delivery | 88 |
| 4. Water, Sanitation and Hygiene..... | 90 |
| 4.1. Access to improved water sources | 91 |
| 4.2. Access to improved sanitation facilities | 94 |
| 4.3. Hygiene practices..... | 99 |
| 4.4. WASH in Schools | 101 |
| 4.5. Menstrual hygiene management | 103 |
| 4.6. WASH access for children with disabilities | 104 |
| 4.7. Barriers and bottlenecks..... | 104 |
| 4.7.1. Geography..... | 105 |
| 4.7.2. Financing..... | 105 |
| 4.7.3. Human resources..... | 106 |
| 4.7.4. Climate and disaster risks | 106 |
| 4.7.5. Equity | 107 |
| 4.7.6. Gender norms | 108 |
| 4.7.7. Community awareness | 108 |
| 4.7.8. Conflict and land disputes..... | 109 |
| 5. Education | 110 |
| 5.1. Context..... | 110 |
| 5.2. Early childhood education..... | 114 |
| 5.3. Primary and secondary education | 118 |
| 5.4. ertiary and vocational education..... | 129 |
| 6. Child Protection | 132 |
| 6.1. Child protection risks and vulnerabilities | 135 |
| 6.1.1. Nature and extent of violence, abuse, neglect and exploitation of children ... | 135 |
| 6.1.1.1. Violence in the home | 136 |
| 6.1.1.2. Violence in schools..... | 137 |
| 6.1.1.3. Sexual abuse | 139 |
| 6.1.1.4. Commercial sexual exploitation of children..... | 140 |
| 6.1.1.5. Trafficking in children | 141 |
| 6.1.1.6. Child labour | 142 |
| 6.1.1.7. Child marriage | 142 |
| 6.1.1.8. Children in conflict with the law..... | 143 |

| | |
|---|------------|
| 6.1.2. Community Knowledge, Attitudes and Practices | 144 |
| 6.1.3. Drivers of violence, abuse, neglect and exploitation of children | 145 |
| 6.2. The child protection system | 148 |
| 6.2.1. The legal and policy framework for child protection | 148 |
| 6.2.1.1. Legal framework for child and family welfare services | 149 |
| 6.2.1.2. Legal framework for justice for children | 150 |
| 6.2.2. Child protection structures, services and resourcing | 151 |
| 6.2.2.1. Child and family welfare services | 152 |
| 6.2.2.2. Access to child-friendly justice | 153 |
| 6.2.2.3. Child protection in the health, education, labour and other allied sectors | 155 |
| 6.2.3. Mechanisms for inter-agency coordination, information management and accountability | 157 |
| 6.3. Other child protection issues | 158 |
| 6.3.1. Birth registration | 158 |
| 6.3.1.1. Coverage | 158 |
| 6.3.1.2. Legal framework, national plan and coordination | 159 |
| 6.3.1.3. Access | 160 |
| 6.3.1.3. Challenges | 161 |
| 6.3.2. Children with disabilities | 161 |
| 6.3.3. Climate change and natural disasters | 163 |
| 7. Poverty and Social Protection | 165 |
| 7.1. Profile of child and family poverty and hardship | 167 |
| 7.1.1. Incidence of poverty and hardship | 168 |
| 7.1.2. Children in poverty | 170 |
| 7.1.3. Persons most at risk of poverty | 171 |
| 7.1.4. Causes of poverty | 178 |
| 7.2. Bottlenecks and barriers to ensuring an effective social protection system | 180 |
| 7.2.1. Social insurance measures: gaps, barriers and bottlenecks | 185 |
| 7.2.2. Social assistance measures: gaps, barriers and bottlenecks | 186 |
| 7.2.3. Labour market programmes: gaps, barriers and bottlenecks | 191 |
| 7.2.4. Targeting and impact of social protection measures | 191 |
| 7.2.5. Informal social protection systems | 193 |
| 8. Conclusions | 195 |
| 8.1. Climate change and disaster risks | 195 |
| 8.2. Geography | 196 |
| 8.3. Financial, human and infrastructural resources | 197 |
| 8.4. Legislative framework | 198 |
| 8.5. Poverty and vulnerability | 199 |
| 8.6. Community awareness, attitudes and practice | 199 |
| 8.7. Gender | 201 |
| 8.8. Equity | 202 |
| 8.9. Data availability | 203 |

| | |
|---|------------|
| 9. Annexes..... | 204 |
| 9.1 Annex A..... | 204 |
| 9.2 Annex B: Treaty obligations and reporting records | 207 |
| 9.3 Annex C: Legislative prohibition of violence against children under domestic law (summary) | 213 |
| Footnotes in tables | 217 |

Executive Summary

Introduction

This report summarises and synthesises findings from 14 in-depth situation analyses (SitAns) of children and women implemented in the following Pacific Island Countries and Territories (PICTs): the Cook Islands, the Federated States of Micronesia (FSM), Fiji, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. It provides a regional overview of evidence to inform decision-making across sectors that are relevant to children and women, and, it is particularly intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children and women in the whole Pacific region. This regional overview is paired with 14 in-depth SitAns, which can be consulted for a more detailed discussion of country-specific trends, challenges and recommendations.

The Pacific region includes hundreds of small islands and atolls, with a land area of 88,800 square kilometres (roughly one third of the size of neighbouring New Zealand).¹ According to projections from the Pacific Community (SPC) in 2016, the total population of the PICTs was 2,448,200, including 983,000 children (aged under 18).² The number of children varies significantly between the 14 countries. For instance, in Solomon Islands, 269,000 of the population of 584,000 are aged under 18.³ This stands in contrast to Tuvalu, which has a population of 10,000, of whom 4,000 are under 18.⁴

The Pacific region is exposed to various natural hazards, including cyclones, droughts, earthquakes, electrical storms, extreme winds, floods, landslides, storm surges, tsunamis and volcanic eruptions. As a result of the changing climate, it is expected that the PICTs, will experience further and increased instances of extreme weather and natural catastrophes, and the risk is particularly pronounced for low-lying coral atoll nations such as Kiribati, Tuvalu and the Marshall Islands.⁵

This report covers the child outcome areas of: health; nutrition; water, sanitation and hygiene (WASH); education; child protection (including child justice); and poverty and social protection. By assessing and analysing the situation for children and women in relation to these outcomes, and in relation to relevant Sustainable Development Goals (SDGs), this report seeks to highlight trends, barriers and bottlenecks in the realisation of children's and women's rights across the PICTs region.

1 World Bank, Defining Features of Pacific Island Countries, <http://siteresources.worldbank.org/INTPACIFICISLANDS/Resources/1-Defining-Features-of-PI.pdf>.

2 SPC 2016 projections.

3 SOWC Database.

4 Ibid.

5 The World Bank, Climate and Disaster Resilience, <http://pubdocs.worldbank.org/en/720371469614841726/PACIFIC-POSSIBLE-Climate.pdf>, p. 15.

Snapshot of Outcome Areas

| | |
|------------------|--|
| Health | <p>While PIC child mortality rates have decreased steadily since 1990, with a few exceptions, the region as a whole has failed to meet international development targets on neo-natal and under-5 child mortality. Good progress has been made in fighting vaccine-preventable diseases, but overall coverage rates remain low compared to global and East Asian averages. The average maternal mortality ratio is 84 maternal deaths per 100,000 live births, according to UN-validated estimates from 2015, which means the region is a long way from reaching international development targets. Importantly, these estimates are based on data from seven countries only, and may be unstable because they often relate to small numbers of deaths per country per year. UN data suggest that 94 per cent of pregnant women in the PICTs give birth in the presence of a skilled health professional and 90 per cent give birth in a health facility, which suggests near-universal coverage. The average adolescent birth rate is an estimated 50 (births per 1,000 women aged 15 to 19), which is more than double the average for East Asia and Pacific as of 2015. The average contraceptive prevalence is 34 per cent of the population, which is significantly below the wider regional average of 63 per cent for East Asia and the Pacific. Data from 10 of the PICTs indicate that, on average, around 25 per cent of school children aged 13 to 15 had attempted suicide during the previous 12 months, which suggests that adolescent mental health is a significant concern.</p> |
| Nutrition | <p>Data from six of the PICTs provides evidence that childhood stunting is a regional concern, affecting 18 per cent of under-5-year-olds. Childhood wasting appears less prevalent, affecting only 4 per cent of under-5-year-olds. Yet this data hides disparities between countries. According to 2011 World Health Organization (WHO) estimates for 11 countries in the Pacific region, the prevalence rate of anaemia in pregnant women aged 15 to 49 years was a high 29 per cent. Non-communicable diseases (NCDs) are the leading causes of ill-health and death in the PICTs, accounting for 70 per cent to 75 per cent of all deaths, and trends point to a further increase. Many NCDs are directly related to overweight and obesity, which are significant health concerns in the region. According to regional National Minimum Development Indicator (NMDI) data, health expenditure in the PIC group (including Papua New Guinea) averages approximately 7.2 per cent of GDP, which is below the global average of 9.9 per cent.</p> |

| | |
|-------------------------|--|
| <p>WASH</p> | <p>While several PICTs (including the Cook Islands, Tonga and Niue) have already achieved universal access to improved water sources, others, including FSM, Solomon Islands and Kiribati, remain some way from achieving international development targets. Some 96 per cent of the urban PIC population have access to improved drinking water, compared to 88 per cent of the rural population. 2016 data suggest that an average of 75 per cent of the PIC population use improved sanitation facilities.¹ Open defecation is still practiced by around 10 per cent of the population, but large country disparities exist, with Solomon Islands at 54 per cent and Kiribati at 36 per cent. A recent UNICEF publication using data from 8 of the 14 PICTs suggests that, on average, only 23 per cent of schools have improved sanitation facilities, and that 22 per cent of schools have no toilets. Average water coverage in schools was an estimated 56 per cent. One of the greatest risks of climate change for water safety in the PICTs is the decline in the predictability of rainfall patterns.</p> |
| <p>Education</p> | <p>PICTs rely heavily on external donor funding and technical assistance to support education. In many PICTs, particularly FSM, the Cook Islands, Tonga and Tuvalu, insufficient funds are allocated towards developing the education sector, or funds are not being distributed to the parts of the system most in need of investment. A key concern in several PICTs is low coverage and low access to Early Childhood Education/pre-primary education, with one contributing factor the lack of a legislative mandate (e.g., in the Cook Islands, FSM, Kiribati, Samoa, Solomon Islands and Vanuatu). Only the Cook Islands, Niue and Samoa have achieved universal primary education for both boys and girls, although Fiji and Tonga are close to achieving this target, while some PICTs have seen limited progress (Solomon Islands and Vanuatu), or even declines in net enrolment rates (Kiribati). While the average pupil-to-teacher ratio in primary school in the PICTs is a reasonable 21.8, in Samoa and Nauru, teachers appear overburdened, with 30 pupils to one teacher. There is a lack of schools in remote areas, while school fees and 'hidden' education costs, such as uniforms, text books and transport, hinder equal access in several PICTs. Almost all PICTs need further investment and upgrading of tertiary and vocational training. Limited data were available on inclusion of children with disabilities in education.</p> |

| | |
|--------------------------------------|--|
| Child Protection | <p>Although general forms of assault are prohibited, corporal punishment in the home is permitted across the region. In contrast, corporal punishment in schools is prohibited in all but Solomon Islands and Niue, while data suggests that the practice continues. Over 70 per cent of PICTs have child protection legislation, either as a standalone law, or as chapters within civil codes, and more than half have family protection or domestic violence legislation. Violence against children and women is commonplace. Just under half of students aged 13 to 15 surveyed in 11 PICTs had experienced bullying within the previous 12 months. A similar percentage of women in 11 PICTs experienced life-time intimate partner violence, with 17 per cent experiencing sexual abuse below the age of 15. Legislative gaps include unacceptably low minimum ages of marriage, which are lower for girls than for boys in eight of the PICTs, and gaps in child labour and exploitation legislation. The minimum age of criminal responsibility in all PICTs is below the ‘absolute minimum age’ of 12 recommended by the CRC Committee, while in the Cook Islands, Fiji, Palau and Samoa, children can ‘age out’ of the child justice system at 16. Informal justice mechanisms are practiced in all PICTs and pose a rights risk, particularly to child victims, who may be encouraged to ‘reconcile’ without accessing justice.</p> |
| Poverty and Social Protection | <p>Food poverty is relatively low in the PICTs, and under 10 per cent of the population in every country except for FSM; however, the incidence of basic needs poverty varies considerably, with high rates (above 25 per cent) in FSM, Solomon Islands, Fiji and Tuvalu. Relatively low rates of basic needs poverty were found in Niue, Solomon Islands and Vanuatu (all around 13 per cent). In most PICTs, social protection systems are composed primarily of contributory social insurance schemes, which are restricted to formal sector workers, and therefore exclude the poorest and most vulnerable individuals and families. They also disproportionately benefit men, as women tend to have restricted access to the formal labour market. Most PICTs (except the Cook Islands and Fiji) have no comprehensive social protection system involving cash transfers that target children and vulnerable families. This means that social protection systems are quite limited in terms of positively impacting on poor families and reducing poverty levels.</p> |

Key Barriers and Bottlenecks

The following key barriers and bottlenecks were identified from the full situation analyses of women and children in the 14 PICTs.

Climate change and disaster risks: The PICTs are vulnerable to a large number of climate disasters, including tropical cyclones and typhoons, flooding, drought and temperature extremes. Several PICTs are low-lying or have low-lying territories that are vulnerable to coastal erosion and rising sea levels, while all are affected by climate change and natural disasters, which have a considerable impact across all outcome areas. Governments seem aware of these concerns and are engaging with (international) civil society to address them through planning and policies.

Geography: A major challenge for the implementation of systems and delivery of services in many PICTs relates to the remoteness and topography of many island groups, which leads to challenges in transport, infrastructure and access. Across all outcome areas, there is a high cost and administrative difficulty attached to delivering services and implementing programmes for populations that are dispersed across widespread island groups.

Financial, human and infrastructural resources: Many PICTs rely on external development aid to finance systems and services. However, many systems and services, and the infrastructures on which they operate, are still under-resourced, with implications for service delivery and realisation of rights across all outcome areas. Resource constraints are heightened by geographical constraints, which lead to high travel costs and challenges in distributing services and programming. There is also a lack of trained professionals in all outcome areas, caused by a combination of lack of training opportunities, out-migration of skilled professionals and high turnover due to under-funding.

Poverty and vulnerability: The impacts of poverty are significant across the PICTs and children and families are highly exposed to risk and economic shocks, particularly those caused by climate change and natural disasters. The absence of comprehensive social protection systems limit the ability of governments to lift vulnerable persons out of poverty and support economic growth. A lack of opportunities, for adolescents and young people in particular, perpetuates cycles of poverty and entrenches exclusion and vulnerability.

Community awareness, attitudes, and practice: Community and cultural norms, attitudes and traditions enable – but also act as barriers and bottlenecks to – the realisation of children's rights across the PICTs, playing a strong, often negative role in the situation of women and children. In child protection and child justice in particular, but also in education and health, the community provides informal services: a) to plug a resource gaps in formal service provision; and b) due to community pre-disposition towards informal services and away from formal intervention. Such solutions can be used to 'handle' cases, including offences against children, without causing 'problems' or disharmony, but with little regard for justice for the child involved. Community attitudes and perceptions around violence in several PICTs support the use of violence against women and children and act as a barrier to reporting.

Gender: Socio-cultural norms and traditional perceptions around gender roles can act as barriers and bottlenecks to the realisation of children and women's rights in a number of outcome areas, including in WASH, where menstruation can be seen as taboo, leading to absenteeism from school, distraction, embarrassment and shame. Norms also affect gender outcomes in child protection, where traditional gender roles support and facilitate high rates of violence against women and girls, create socio-cultural barriers to the reporting of violence and have a discriminatory impact on, for example, child marriage practices, which disproportionately affect girls.

Equity: A lack of disaggregated data has made quantitative analysis difficult, although available information suggests some equity-led conclusions on the situation of women and children in the PICTs, including: funding for health care is often disbursed in an inequitable manner, in favour of urban centres; school fees and 'hidden' costs of education, such as school uniform, text book and transport costs, are hindering equal access to education in several PICTs; and the legal frameworks contain a number of discriminatory provisions in relation to child protection and child justice.

Data availability: There are useful data sources in some outcome areas in some PICTs. However, this report has identified several data gaps, and the absence of this data is itself a key finding. There are numerous data gaps in health and nutrition, WASH, education, child protection, juvenile justice and social protection. Where quantitative data do exist in all sectors, they are rarely broken down by rural-urban differences, gender, wealth disparities or for vulnerable groups such as refugee and asylum-seeking children or children with disabilities. Existing data collection mechanisms are under-utilised or do not have the necessary resources to perform properly.

Acronyms

| | |
|---------------------|---|
| AU\$ | Australian Dollar |
| APTC | Australia-Pacific Technical College |
| BCG | Bacillus Calmette–Guérin Vaccine |
| CAT | Convention against Torture |
| CAT-OP | Optional Protocol of the Convention against Torture |
| CEDAW | Convention on the Elimination of all forms of Discrimination against Women |
| CEDAW-OP | Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women |
| CERD | Committee on the Elimination of Racial Discrimination |
| CRC | Convention on the Rights of the Child |
| CRIN | Child Rights International Network |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CRPD-OP | Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict |
| CRVS | Civil Registration and Vital Statistics |
| CSE | Commercial Sexual Exploitation of Children |
| DHS | Demographic and Health Survey |
| DPT | Diphtheria, Pertussis and Tetanus Vaccine |
| ECCE | Early Childhood Care and Education |
| ECE | Early Childhood Education |
| EFA | Education for All |
| EU | European Union |
| FSM | Federated States of Micronesia |
| GADRRRES | Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector |
| GC | General Comment of a human rights treaty body |
| GDP | Gross Domestic Product |
| GER | Gross Enrolment Rate |
| GLAAS | UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water |
| GNI | Gross National Income |
| GPI | Gender Parity Index |
| GR | General Recommendation of a human rights treaty body |
| GSHS | Global School-based Health Survey |
| HEPB | Hepatitis B |
| HIES | Household Income and Expenditure Survey |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome |
| ICCPR | International Covenant on Civil and Political Rights |
| ICCPR-OP2-DP | Second Optional Protocol to the International Covenant on Civil and Political |

Rights aiming for the abolition of the death penalty

ICESCR International Covenant on Economic, Social and Cultural Rights

ILO International Labour Organization

JMP WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene

KII Key Informant Interview

MACR Minimum Age of Criminal Responsibility

MCV2 Meningococcal Conjugate Vaccine

MDG Millennium Development Goal

MDR Multi-Drug Resistant

MDR-TB Multi-Drug Resistant Tuberculosis

MEHRD Ministry of Education and Human Resources Development

MHM Menstrual Hygiene Management

MHMS Ministry of Health and Medical Services

MMR Maternal Mortality Ratio

MoE Ministry of Education

MOET Ministry of Education and Training

NCD Non-communicable Disease

NER Net Enrolment Rate

NGO Non-governmental Organization

NHRI National Human Rights Institution

NMDI National Minimum Development Indicators

NZ\$ New Zealand Dollar

ODA Official Development Assistance

ORS Oral Rehydration Salts

PICTs The 14 Pacific Island Countries and Territories that are the subject of the Situation Analyses

PNG Papua New Guinea

PTR Pupil-to-Teacher Ratio

RCV1 Respiratory Syncytial Virus

RMI Republic of the Marshall Islands

SDG Sustainable Development Goal

SitAn Situation Analysis

SOWC State of the World's Children

SP Strategic Programme

SPC The Pacific Community

SPI Social Protection Indicator

STI Sexually Transmitted Infection

TB Tuberculosis

TVET Tertiary and Vocational Education and Training

U5MR Under-5 child Mortality Rate

UN United Nations

UNDP United National Development Programme

UNESCO United Nations Educational, Scientific and Cultural Organization

UNFPA United Nations Population Fund

UNICEF SitAn Procedural Manual UNICEF 'Guidance on Conducting a Situation Analysis of Children's and Women's Rights' (March 2012)

UNICEF EAPRO UNICEF East Asia and Pacific Regional Office

UNICEF United Nations Children's Fund

UNISDR United Nations Office for Disaster Risk Reduction

UPR Universal Periodic Review

US\$ United States Dollars

USA United States of America

VAWG Violence against Women and Girls

WASH Water, Sanitation and Hygiene

WHO World Health Organization

WinS WASH in Schools

1.

Introduction

1.1. Purpose and scope

This report aims to present a comprehensive assessment and analysis of the situation of children in the Pacific Island Countries and Territories (PICTs). It is intended to present an evidence base to inform decision-making across sectors that are relevant to children and to be instrumental in ensuring the protection and realisation of children's rights. It is particularly intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children in the PICTs.

In accordance with the approach outlined in the UNICEF Procedural Manual on 'Conducting a Situational Analysis of Children's and Women's Rights' ('UNICEF SitAn Procedural Manual'), the specific aims of this regional overview are to:

- Summarise and synthesise findings from 14 in-depth situation analyses of children and women.
- Improve the understanding of all stakeholders of the current situation of children's rights in the Pacific, and the causes of shortfalls and inequities, as the basis for developing recommendations for stakeholders to strengthen children's rights.
- Inform the development of UNICEF programming and support national planning and development processes, including influencing policies, strategies, budgets and national laws to contribute towards establishing an enabling environment for children that adheres to human rights principles, particularly regarding universality, non-discrimination, participation and accountability.
- Contribute to national research on disadvantaged children and leverage UNICEF's convening power to foster and support knowledge generation with stakeholders.

- Strengthen the knowledge base to enable assessment of the contribution of development partners, including UNICEF and the UN, in support of national development goals.⁶

This regional overview report focuses on the situation of children (persons aged under 18 years old), adolescents (aged 10 to 19) and youth (aged 15 to 24).⁷ An assessment and analysis of the situation relating to women is also included, to the extent that it relates to outcomes for children (for example, regarding maternal health).

1.2. Conceptual framework

The conceptual framework is grounded in the relationship between child outcomes and the immediate, underlying and structural determinants of those outcomes, and is adapted from the conceptual framework presented in the UNICEF SitAn Procedural Manual. A rights-based approach was adopted for conceptualising **child outcomes**, which are presented in this report according to rights categories contained in the UN Convention on the Rights of the Child (CRC). These categories also correspond to UNICEF Strategic Programme (SP) Outcome Areas. Child outcomes are therefore grouped into: Health and Nutrition; Water, Sanitation and Hygiene ('survival rights'); Education ('development rights'); Child Protection; and Social Protection ('protection rights').

The aim of the **child outcomes assessment** component of this report is to identify trends and patterns in the realisation of children's rights and key international development targets, and any gaps, shortfalls and inequities in the realisation of these rights and targets. The assessment employed an equity approach, and highlighted trends and patterns in outcomes for groups of children, identifying and assessing disparities in outcomes according to key identity characteristics and background circumstances (e.g., gender, geographic location, socio-economic status, age and disability).

A number of analytical techniques were employed to **analyse** immediate, underlying and structural causes of child outcomes, including:

- **Bottlenecks and barriers analysis:** A structured analysis of the bottlenecks and barriers that children and groups of children face in the realisation of their rights, with reference to the critical conditions and determinants⁸ (quality; demand; supply and enabling environment) needed to realise equitable outcomes for children.

The analysis is also informed by:

6 UNICEF, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, March 2012, pp 5-6 <http://www.unicef-emergencies.com/downloads/eresource/docs/Rights%20based%20equity%20focused%20Situation%20Analysis%20guidance.pdf> 30 January 2017.

7 These are the age brackets used by UN bodies and agencies for statistical purposes without prejudice to other definitions of 'adolescence' and 'youth' adopted by Member States.

8 Based on the 10 critical determinants outlined in Table 3 on page 20 of the UNICEF SitAn Procedural Manual.

- **Role-pattern analysis:** The identification of stakeholders responsible for and best placed to address any shortfalls and inequities in child rights outcomes.
- **Capacity analysis** to understand the capacity constraints (e.g., knowledge; information; skills; will and motivation; authority; financial or material resources) on stakeholders who are responsible for and best placed to address the shortfalls and inequities.

While the analysis did not engage in a comprehensive causality analysis, the immediate and underlying causes of trends, shortfalls and inequities are considered throughout.

The analysis was deliberately risk-informed and took an equity approach. An **equity approach** seeks to understand and address the root causes of inequality so that all children, particularly those that suffer the worst deprivations in society, have access to the same resources and services necessary for their survival, growth and development.⁹ In line with this approach, the analysis included: an examination of gender disparities and their causes, including a consideration of the relationships between different genders; relative access to resources and services; gender roles; and the constraints faced by children according to their gender.

A **risk-informed analysis** requires an analysis of disaster and climate risks (hazards; areas of exposure to the hazard; and the vulnerability of stakeholders and their capacity to reduce, mitigate or manage the impact of the hazard on the attainment of children's rights). This is particularly relevant to the PICTs, which face climate change and other disaster risks. A risk-informed analysis also includes an assessment of gender and the vulnerability of groups of children to disaster and climatic events.

A rights-based framework was developed for measuring child outcomes and analysing role-patterns, barriers and bottlenecks. This incorporates the relevant rights standards and development targets (particularly the Sustainable Development Goals [SDGs]) in each of the child outcome areas.

Table 1.1: Assessment and analysis framework by outcome area

| Outcome area | Assessment and analysis framework |
|-----------------------------|--|
| Health and Nutrition | <ul style="list-style-type: none"> • CRC (particularly the rights to life, survival and development and to health) • SDGs (particularly SDG 3 on ensuring healthy lives and promoting well-being) • Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) • WHO's Global Nutrition Targets (child stunting; anaemia; low birthweight; obesity/overweight; and breastfeeding) |

| Outcome area | Assessment and analysis framework |
|--------------------------|--|
| WASH | <ul style="list-style-type: none"> • CRC (Article 24) • SDGs (particularly SDG 6 on ensuring availability and sustainable management of water and sanitation for all) |
| Education | <ul style="list-style-type: none"> • CRC (Articles 28 and 29) • Article 13 of International Covenant on Economic, Social and Cultural Rights (ICESCR) • SDGs (particularly SDG 4 on ensuring inclusive and quality education for all and promoting lifelong learning) • Comprehensive School Safety Framework¹¹ |
| Child protection | <ul style="list-style-type: none"> • CRC (Articles 8, 9, 19, 20, 28(2), 37, 39 and 40) • SDGs (particularly SDGs 5, 8, 11 and 16) |
| Social protection | <ul style="list-style-type: none"> • CRC (Articles 26 and 27) • ICESCR rights to social security (Article 9) and adequate standard of living (Article 11) • SDG target 1 (end poverty in all its forms everywhere) |

1.3. Methods and limitations

This report includes a comprehensive review, synthesis and examination of data from a variety of sources. The assessment of child outcomes relied primarily on existing datasets from household surveys, administrative data from government ministries and non-governmental organizations (NGOs) and other published reports.¹⁰ Key data were compiled from the UNICEF Statistics database¹¹ and the Pacific Community (SPC) National Minimum Development Indicators (NMDI) database.¹² The compilation of the 2016 State of the World's Children (SOWC) report was utilised as the latest available reliable data.¹³ Other institutional databases such as those from the World Bank, UNICEF/WHO Joint Monitoring Programme, WHO and United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute of Statistics were used where relevant.

The techniques used for the analysis phase required a synthesis and analysis of secondary data and literature, including small-scale studies and reports. It also included a mapping and analysis of relevant laws, policies and Government/SP Outcome Area strategies. In-country data collection

¹⁰ These datasets were reviewed and verified by UNICEF.

¹¹ Data are available at: <https://data.unicef.org>.

¹² Available at: <https://www.spc.int/nmdi>.

¹³ Data from national sources and other reputable sources are compiled and checked for consistency before being registered in UNICEF Statistics database and used for the annual SOWC report. SOWC data are available at: <http://data.unicef.org/resources/state-worlds-children-2016-statistical-tables/>

was carried out in Fiji, the Federated States of Micronesia (FSM) and Solomon Islands to gather additional contextual information and primary qualitative data to inform the analysis of causes and determinants of child rights shortfalls in individual PICTs and regionally.

One of the limitations of the methodology is the lack of recent, quality data on some of the areas covered by the analysis. Gaps in the availability of up-to-date, quality data are noted throughout the report. Because the analysis of causes and determinants of rights shortfalls relied heavily on existing published reports, some areas in the analysis have not been the subject of robust and recent research. Gaps are highlighted accordingly.

A further limitation was the tight timeframe according to which the 14 in-depth SitAns and this regional overview report have been produced. This required the authors, in consultation with UNICEF, to determine priority areas of focus, and to exclude some matters from the analysis. This also led to limitations to the extent of, for example, the causality analysis (which is considered but does not include problem trees), and the role pattern and capacity gap analyses, which inspire the presentation of the information but have not necessarily been formally performed for all duty-bearers.

1.4. Governance and validation

The development and drafting of this report has been guided by a UNICEF Steering Committee (comprising Andrew Colin Parker; Gerda Binder; Iosefo Volau; Laisani Petersen; Lemuel Fyodor Villamar; Maria Carmelita Francois; Settasak Akanimart; Stanley Gwavuya [Vice Chair], Stephanie Kleschnitzki; Uma Palaniappan; Vathinee Jitjaturunt [Chair] and Waqairapoa Tikoisuva), which supported the assessment and analysis process by providing comment, feedback and additional data, and validating the contents of this report. This governance and validation were particularly important given the limitations in data gathering and sourcing set out above.

2.

Context

2.1. Geography and demographics

The Pacific region contains hundreds of small islands and atolls, with a land area of 88,800 square kilometres (roughly one third of the size of New Zealand).¹⁴ This report presents an analysis of 14 PICTs: Fiji, Solomon Islands, Vanuatu, the Cook Islands, Niue, Samoa, Tokelau, Tonga, Tuvalu, FSM, Kiribati, Nauru, Palau and the Republic of the Marshall Islands (RMI).

Table 2.1: Land area of PICTs (km²)

| Country | Land area ^{III} | Ocean area ^{IV} |
|------------------------|--------------------------|--------------------------|
| Solomon Islands | 28,230 | 1,340,000 |
| Fiji | 18,333 | 1,290,000 |
| Vanuatu | 12,281 | 680,000 |
| Samoa | 2,934 | 120,000 |
| Kiribati | 811 | 3,550,000 |
| Tonga | 749 | 700,000 |
| FSM | 701 | 2,980,000 |
| Palau | 444 | 629,000 |

14 World Bank, Defining Features of Pacific Island Countries. Op. cit.

| | | |
|-------------------------|-----------------|-----------|
| Niue | 259,46 | 390,000 |
| Cook Islands | 237 | 1,830,000 |
| Marshall Islands | 181 | 2,131,000 |
| Tuvalu | 26 | 900,000 |
| Nauru | 21 | 320,000 |
| Tokelau | 12 ^v | |

Source: SPC

According to adjusted projections from the SPC in 2016, the total population of the PICTs was 2,448,200, including 983,000 children under the age of 18 and 294,000 children under the age of 5.¹⁵ Population numbers vary greatly across the PICTs. Fiji, for example, has a population of about 880,000 compared to Niue and Nauru, which have populations of around 1,600 and 10,800, respectively (2016 mid-year estimates).¹⁶ Furthermore, the numbers of children aged under 18 and 5 vary significantly between individual countries. For instance, in Solomon Islands, 269,000 of the total population of 584,000 are aged under 18, and 82,000 are aged under 5.¹⁷ This stands in stark comparison to Tuvalu, with a population of 10,000, 4,000 of whom are under 18 and 1,000 under 5.¹⁸ In 2016, the average life expectancy rate for the 14 PICTs in this study was 69.9 years, marking a positive increase from the previously recorded 64 years in 1990.¹⁹ Life expectancy rates vary by country, the highest being 75.3 in the Cook Islands and the lowest, 61.2, in Nauru.²⁰

According to 2016 SPC data, there are more men than women in 13 of the 14 PICTs countries covered in this report.²¹ Only in the Cook Islands are there slightly more women than men.²²

Population growth rates amongst the PICTs averaged 1 per cent from 1990 to 2015, and are predicted to remain the same until 2030.²³ While on average, 50 per cent of the total population in the PICTs live in urbanized areas,²⁴ this figure varies considerably between individual nations, with 100 per cent living in urbanized areas on Nauru and 75 per cent in the Cook Islands. This contrasts with the 19 per cent in urban areas in Samoa and the 22 per cent in urban areas in Solomon Islands

15 SPC, 2016 Population projections.

16 The Pacific Community (SPC), Prism, Population Statistics, 'PACIFIC ISLAND POPULATIONS - Estimates and projections of demographic indicators for selected years'. Available at <https://prism.spc.int/regional-data-and-tools/population-statistics> [11.07.17].

17 SOWC Database. Op. cit.

18 Ibid.

19 The Pacific Community (SPC), Prism, Population Statistics. Op. cit.; SOWC Database. Op. cit.

20 The Pacific Community (SPC), Prism. Ibid.

21 Ibid.

22 Ibid.

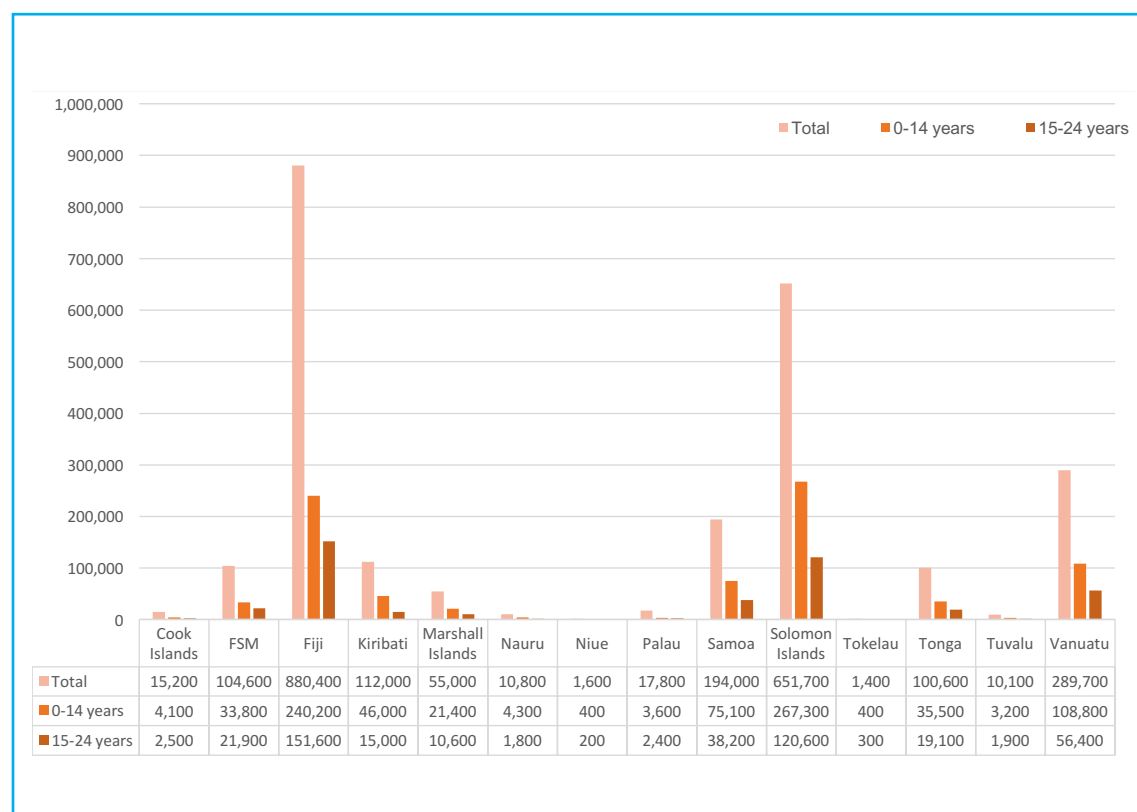
23 SOWC Database 2016, Table 6. Demographic Indicators.

24 Ibid.

and FSM.²⁵ It must, however, be considered that the population naturally centres in one location in the smallest countries.

Christianity is the dominant religion across the region, with Protestant and Roman Catholic churches having large followings in all countries.²⁶

Figure 2.1: Pacific Island Population (Total, 0 to 14 years, 15 to 24 years). (2016 mid-year estimates)



Source: SOWC Database

2.2. Climate and disaster risks

2.2.1. Natural disaster risks

The Pacific region is exposed to natural hazards, including cyclones, droughts, earthquakes, electrical storms, extreme winds, floods, landslides, storm surges, tsunamis and volcanic

²⁵ Ibid.

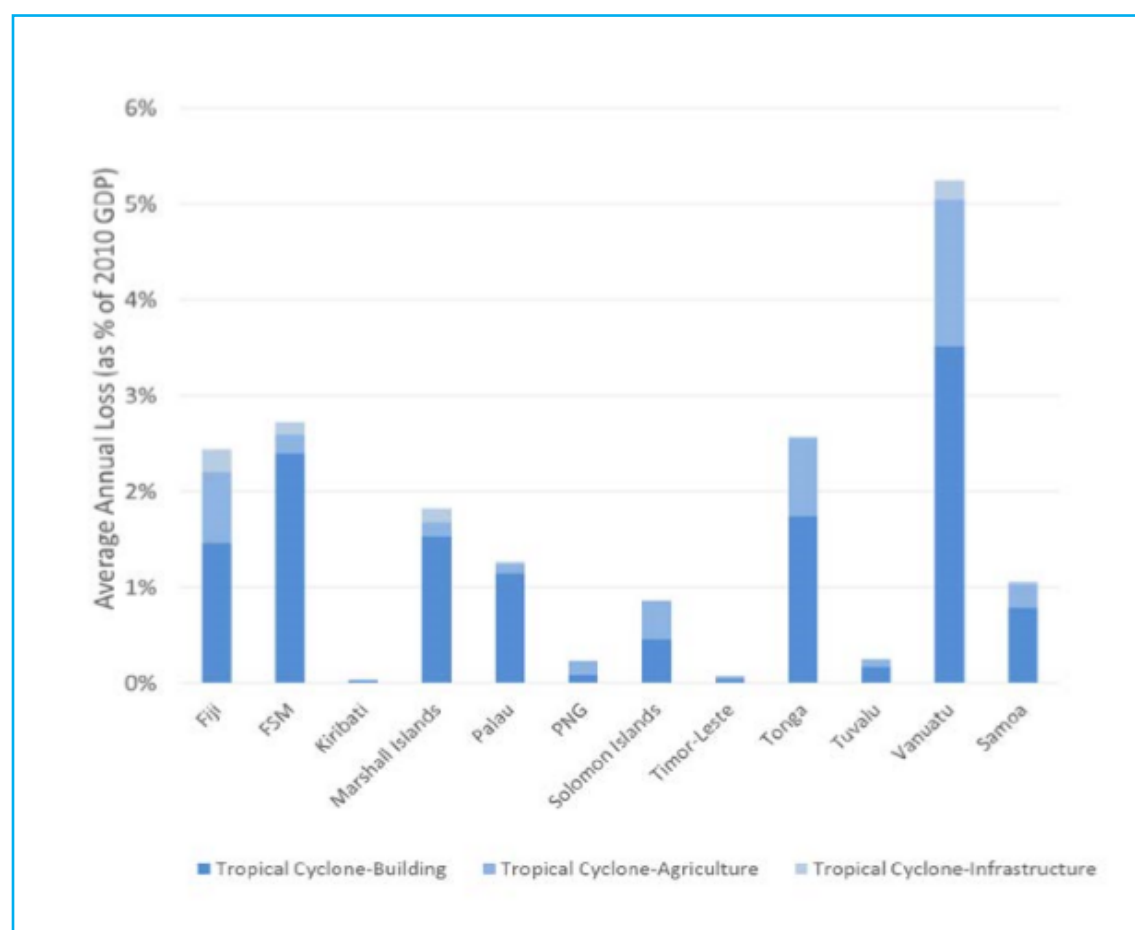
²⁶ The Oxford Handbook of Global Religions, Pacific Islands Religious Communities, 2006, <http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780195137989.001.0001/oxfordhb-9780195137989-e-57>.

eruptions. Given the relative isolation of many islands, natural disasters present a significant risk to Pacific Island populations.²⁷

The Pacific region is located along tectonic plate boundaries, leaving countries vulnerable to tsunamis and earthquakes. Vanuatu is at greatest risk, and has been historically devastated by these events over the past decade.²⁸

Tropical cyclones are the most serious climate-related hazard risk for PICTs in terms of total damage and loss. Figure 2.2 shows that Vanuatu is by far the most vulnerable to tropical cyclones, costing US\$36.8 million per year.²⁹

Figure 2.2: Expected average annual losses due to cyclones in PICTs³⁰



Source: World Bank, 'Climate and Disaster Resilience' p. 16

27 The World Bank, Climate and Disaster Resilience. Op. cit. p. 15.

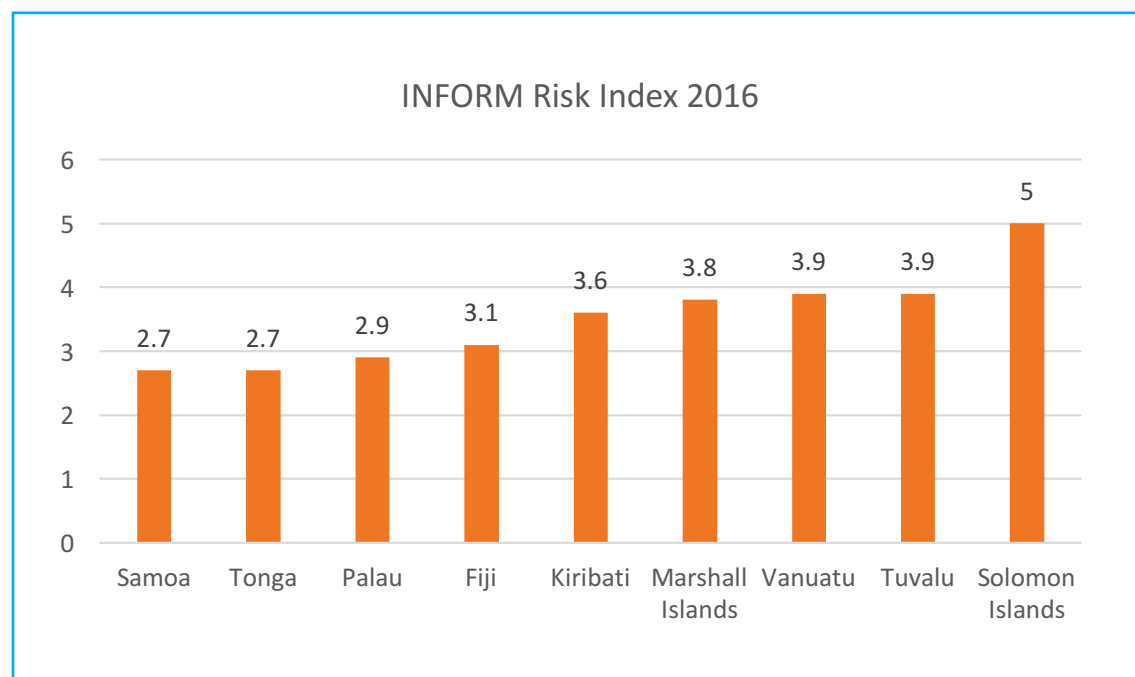
28 Ibid. p. 18.

29 Ibid. p. 16.

30 PCRAFI Country Profiles, World Bank 2015. Graph taken from: The World Bank, Climate and Disaster Resilience. Op. cit. p. 16.

Floods and droughts also pose significant risks to PICTs. While information on flooding is not consistently documented, Fiji is recorded as having experienced serious flooding in 2004, 2009, twice in 2012, and again in 2014.³¹ Droughts are an increasingly serious threat to PICTs, particularly during El Niño events. Both FSM and RMI have declared states of emergency as a result of El Niño-induced droughts, which affected populations across the region.³²

Figure: 2.3: INFORM risk index for nine PICTs (2016)³³



Source: INFORM. Index For Risk Management

The INFORM risk index identifies countries at risk of humanitarian crises and disasters that could overwhelm national response capacity.³⁴ INFORM combines 54 indicators across three dimensions of risk: 'hazards and exposure' (events that could occur) and exposure to them; 'vulnerability' (the susceptibility of communities to those hazards); and 'lack of coping capacity' (lack of resources to alleviate the impact). The index provides an overall risk score between 0 and 10 for each country, as well as values for each of the dimensions of risk.³⁵

31 Ibid. p 17.

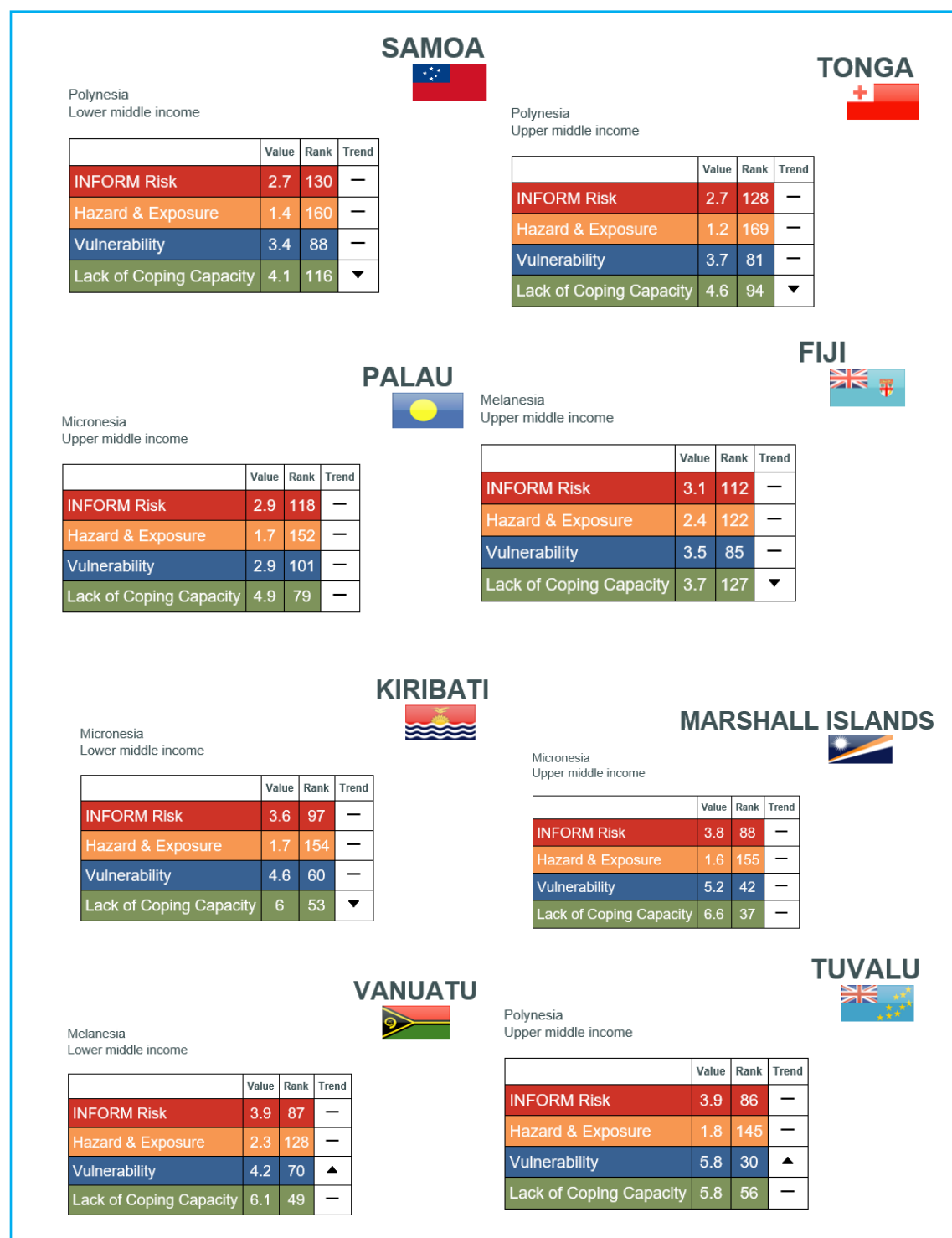
32 Ibid.

33 Created from data available at INFORM, Index For Risk Management, <http://www.inform-index.org/Results/Global>

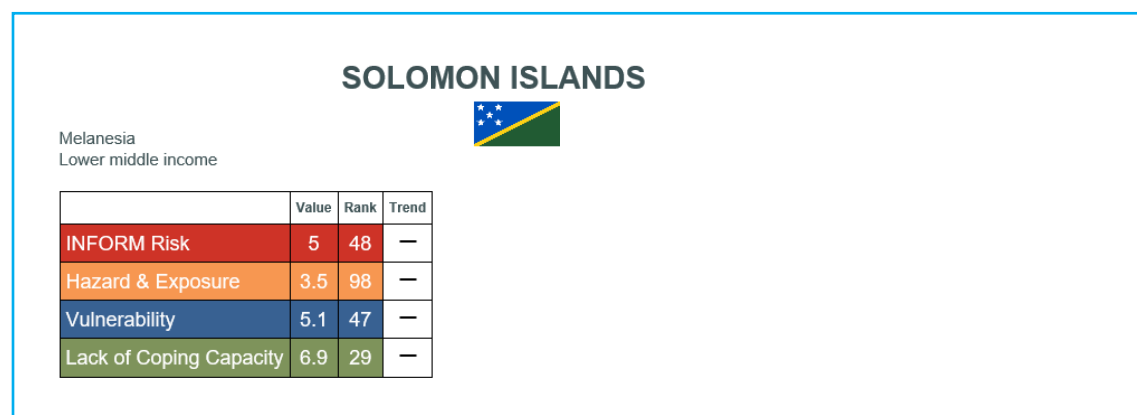
34 Ibid.

35 The Joint Research Centre and the European Commission's science and knowledge service 'INFORM Index for Risk Management, Concept and Methodology Version 2017' <http://www.inform-index.org/Portals/0/InfoRM/2017/INFORM%20Concept%20and%20Methodology%20Version%202017%20Pdf%20FINAL.pdf?ver=2017-07-11-104935-783> [12.07.17].

Figure 2.4: INFORM risk index: three dimensions of risk, values for nine PICTs (2016)³⁶



36 INFORM country risk profiles for 191 countries, retrieved from <http://www.inform-index.org/Countries/Country-profiles> [12.07.17].



Source: INFORM country risk profiles

PICTs countries clearly rank particularly high on ‘vulnerability’ and ‘lack of coping capacity’. Values for ‘lack of coping capacity’ range from 3.7 for Fiji to 6.9 for Solomon Islands (which places Solomon Island at 29th of the 191 countries in the index). Palau has the lowest ‘vulnerability’ value at 2.9, while Tuvalu has a value of 5.1 (the 30th most vulnerable country in the index).

Table 2.2: Natural disasters affecting PICTs in the past decade³⁷

| Country | Natural Disasters (post-2007) |
|---------------------|--|
| Cook Islands | <ul style="list-style-type: none"> • Tropical Cyclone Pat (Feb 2010) • Drought (Sept 2011) • El- Niño-induced drought (2015-2017) |
| Fiji | <ul style="list-style-type: none"> • Floods (Feb 2007; Jan 2009; Jan 2012; Mar 2012) • Cyclone Daman (Dec 2007) • Tropical Cyclone Gene (Jan 2008) • Cyclone Mick (Dec 2009) • Cyclone Tomas (Mar 2010) • Tropical Cyclone Evan (Dec 2012) • Tropical Cyclone Lusi (Mar 2014) • Tropical Cyclone Pam (Mar 2015) • Tropical Cyclone Winston (Feb 2016) • Tropical Depression (Dec 2016) |

37 Note: Nauru has not experienced any recorded natural disasters since 2007. See country overview pages at: <http://reliefweb.int/disasters>.

| | |
|------------------------|--|
| Solomon Islands | <ul style="list-style-type: none"> • Earthquake and tsunami (Apr 2007) • Severe sea swell floods (Dec 2008) • Floods (Feb 2009; Jan 2010) • Earthquake (Jan 2010) • Cyclone Ului (Mar 2010) • Flash floods and landslides (Jun 2012) • Earthquake and tsunami (Feb 2013) • Tropical Cyclone Lusi (Mar 2014) • Flash floods (Apr 2014) • Tropical Cyclone Pam (Mar 2015) • El-Niño-induced drought (2015-2017) • Earthquake (Dec 2016) • Tropical Cyclone Donna (May 2017) |
| Vanuatu | <ul style="list-style-type: none"> • Tropical Cyclone Gene (Jan 2008) • Ambrym Volcano (Apr 2009) • Floods (Apr 2009) • Earthquake (May 2009) • Gaua Volcano (Nov 2009) • Tropical Cyclone Vania (Jan 2011) • Cyclone Yasi (Jan 2011) • Tropical Cyclone Jasmine (Feb 2012) • Tropical Cyclone Lusi (Mar 2014) • El- Niño-induced drought (2015-2017) • Tropical Cyclone Winston (Feb 2016) • Tropical Cyclone Donna (May 2017) |
| Niue | <ul style="list-style-type: none"> • El- Niño-induced drought (2015-2017) • Tropical Cyclone Winston (Feb 2016) |
| Samoa | <ul style="list-style-type: none"> • Tsunami (Sept 2009) • Drought (Sep 2011) • Tropical Cyclone Evan (Dec 2012) • El- Niño-induced drought (2015-2017) |
| Tokelau | <ul style="list-style-type: none"> • Drought (Sep 2011) |
| Tonga | <ul style="list-style-type: none"> • Tsunami (Sep 2009) • Cyclone Rene (Feb 2010) • Cyclone Wilma (Jan 2011) • Tropical Cyclone Ian (Jan 2014) • El- Niño-induced drought (2015-2017) • Tropical Cyclone Zena (Apr 2016) |

| | |
|-------------------------|--|
| Tuvalu | Drought (Sep 2011) Tropical Cyclone Pam (Mar 2015) |
| FSM | Severe sea swell floods (Dec 2008) Typhoon Haiyan (Nov 2013) Typhoon Maysak (Mar 2015) El- Niño-induced drought (2015-2017) |
| Kiribati | Severe sea swell floods (Dec 2008) King Tides (Mar 2014) Tropical Cyclone Pam (Mar 2015) El- Niño-induced drought (2015-2017) |
| Palau | Typhoon Bopha (Dec 2012) Typhoon Hagupit (Dec 2014) El- Niño-induced drought (2015-2017) |
| Marshall Islands | Severe sea swell floods (Dec 2008) Drought (May 2013) King Tides (Mar 2014) El- Niño-induced drought (2015-2017) |

Source: Country overview pages at: <http://reliefweb.int/disasters>

According to figures for 11 countries³⁸ in the Pacific region (excluding the Cook Islands, Niue, Nauru and Tokelau, but including Papua New Guinea [PNG]), since 1950, natural disasters have affected approximately 9.2 million people across the region, causing approximately 10,000 reported deaths around US\$ 3.2 billion in damage costs.³⁹ In some island nations, the cost of natural disasters represents a significant portion of national Gross Domestic Product (GDP). For instance, in Vanuatu, the impact of natural disasters is equivalent to an annual loss of 6.6 per cent, and in Tonga, 4.3 per cent.⁴⁰

2.2.2. Climate change

As a result of the changing climate, it is expected that the Pacific region will experience further and increased instances of extreme weather and natural catastrophes, and the risk is particularly pronounced for low-lying coral atoll nations, such as Kiribati, Tuvalu and RMI,⁴¹ which are often

38 FSM, Fiji, Kiribati, RMI, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

39 The World Bank, Climate and Disaster Resilience. Op. cit. p. 15.

40 Ibid.

41 Ibid.

only a few metres above sea level.⁴² For example, a 50cm rise in sea level could lead to the disappearance of 80 per cent of the land area of the Majuro Atoll in RMI.⁴³

The poorest people also tend to be most affected by natural disasters and the impacts of a changing climate. This is because the Outer Islands of many countries are largely populated by poorer communities that rely on subsistence agriculture and fishing. In addition, communities on Outer Islands have limited access to healthcare facilities and other facilities and services that are essential in the aftermath of natural disasters.⁴⁴

Combating the adverse effects of climate change and the associated natural disasters is one of the greatest challenges facing states in the Pacific region.

2.3. Government and political context

The governance systems of PICTs are varied. Palau, Kiribati, FSM and Nauru are democratic republics. The Cook Islands, Niue, Tuvalu, Samoa, Vanuatu, Fiji and Solomon Islands are parliamentary democracies. Tonga is a constitutional monarchy, and RMI operates a mixed parliamentary, presidential democracy. Tokelau is a non-self-governing territory of New Zealand. Importantly, several PICTs, while independent states, have entered into free association with wealthier nations, which impacts on their governance. The Cook Islands and Niue have entered into free association with neighbouring New Zealand, while Palau, RMI and FSM are in free association with the USA.⁴⁵ PICTs in free association agreements have control over internal decision making and policy, New Zealand and the USA assume responsibility for their respective countries' external affairs and defence.⁴⁶

Most of the PICTs have established National Development Plans or Strategies to guide their policy development and objectives. Plans set out priority areas and strategies and often cover a period of 3 to 10 years, providing guidance to Ministries, Departments and other organizations.⁴⁷ Economic growth is a key aspect of many of the plans, in particular due to the reliance of many states on official development assistance (ODA).

Even if policies towards young people and children vary throughout the PICTs, the Pacific Youth Council exists as a collective regional effort to encourage the participation of young people across the Pacific Islands. Established in 1975, its first General Assembly was held in 1996 in New Caledonia with support from the Sasakawa Foundation in Japan and the SPC. There are currently

42 Ibid. p. 10.

43 Ibid.

44 Ibid. p. 3.

45 Human Rights in the Pacific: A Situational Analysis. 2016. http://rrrt.spc.int/images/PDF_Files/Human_Rights_In_The_Pacific_A_Situational_Analysis.pdf.

46 CIA World Factbook, Niue, <https://www.cia.gov/library/publications/the-world-factbook/geos/ne.html>.

47 Commonwealth Governance for Development, National Development Plan of Samoa <http://www.commonwealthgovernance.org/countries/pacific/samoa/national-development-plan>.

National Youth Councils in six of the PICTs (Cook Islands, Tuvalu, Nauru, Tonga, Solomon Islands and Niue), which aim to represent the views of young people.⁴⁸

Table 2.3: National Development Plans/Strategies

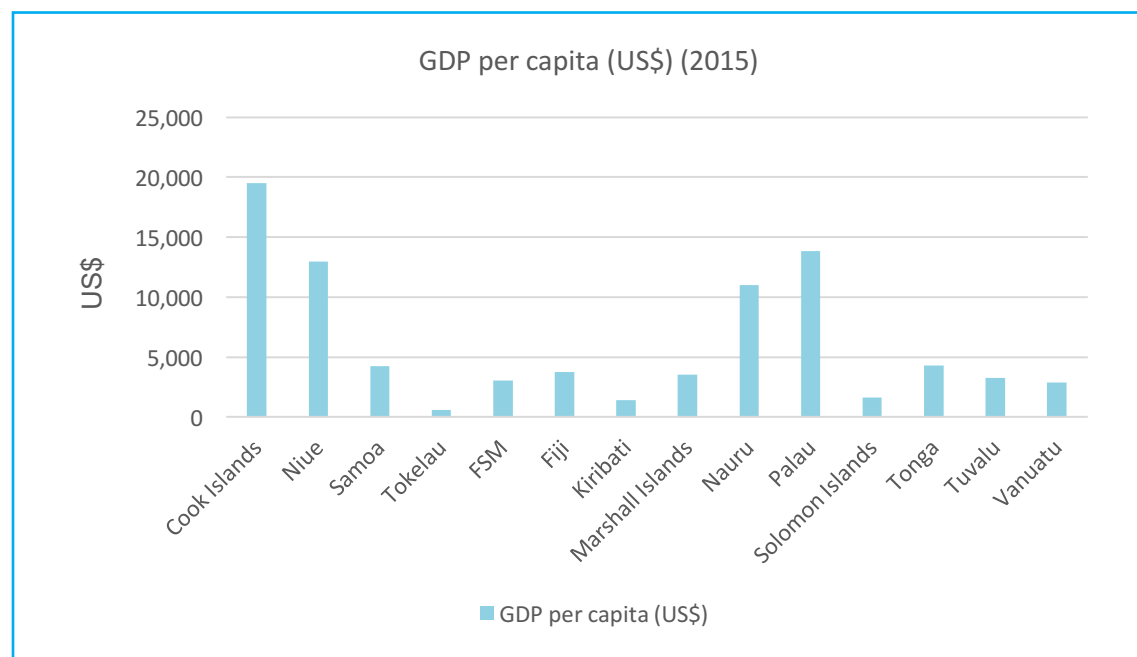
| Country | National Development Plan/Strategy |
|-------------------------|---|
| Cook Islands | National Sustainable Development Plan 2016-2020. ^{VI} |
| Fiji | Strategic Development Plan 2007-2013. ^{VII} |
| FSM | Strategic Development Plan 2004-2023. ^{VIII} |
| Kiribati | Kiribati Development Plan 2016-2019. ^{IX} |
| Marshall Islands | Republic of the Marshall Islands National Strategic Plan 2015-2017. ^X |
| Nauru | National Sustainable Development Strategy 2005-2025. ^{XI} |
| Niue | National Strategic Plan 2016 - 2026; Niue National Strategic Plan 2009-2013. ^{XII} |
| Palau | National Master Development Plan 2020. ^{XIII} |
| Samoa | Strategy for the Development of Samoa 2016/17 – 2019/20. ^{XIV} |
| Solomon Islands | National Development Strategy 2016-2035. ^{XV} |
| Tokelau | Tokelau National Strategic Plan 2010-2015. ^{XVI} |
| Tonga | Tonga Strategic Development Framework 2015-2025. ^{XVII} |
| Tuvalu | National Strategy for Sustainable Development 2016 to 2020. ^{XVIII} |
| Vanuatu | Vanuatu 2030 The People's Plan. ^{XIX} |

2.4. Socio-economic context

While Pacific Island economies vary in size and strength, they share several common characteristics in terms of their key export-industries, import-oriented economies, reliance on ODA, and shared vulnerability to external shocks such as natural disasters.

Figure 2.5 shows that GDP per capita varies greatly between the 14 PICTs, with the Cook Islands, Palau and Niue recording the highest per capita GDP (US\$19,523, US\$13,835 and US\$12,945, respectively),⁴⁹ while Tokelau, Kiribati and Solomon Islands have significantly lower GDPs per capita (US\$612.50,⁵⁰ US\$1,442 and US\$1,643, respectively).⁵¹

Figure 2.5: GDP per capita (US\$) (2015)



Source: SPC Pocket Statistical Summary, 2015

The GDP per capita average annual growth rate for the 14 PICTs between 1970 and 1990 was 1 per cent, marking an improvement from the previous assessment, which recorded a decline in economic growth of -1 per cent over the same period.⁵² Furthermore, the average annual rate of inflation across all 14 PICTs between 1990 and 2014 was 4 per cent.⁵³

PICTs economies are characteristically undiversified and heavily reliant on imports from countries other than neighbouring PICTs.⁵⁴ Figure 2.6 shows that imports from Australia, New Zealand and

49 2015 figures taken from: Secretariat of the Pacific Community, Pocket Statistical Summary, 2015: http://prism.spc.int/images/downloads/2015_Pocket-Statistical-Summary.pdf

50 WHO, Country Cooperation Strategy for Tokelau 2013-2017, Table 1 (Source: WHO Country Health Information Profiles (CHIPS)). 2011. p. 11, http://www.wpro.who.int/countries/tkl/who_pacific_tokelau.pdf

51 GDP per capita figures for Kiribati and Solomon Islands taken from: Secretariat of the Pacific Community, Pocket Statistical Summary, 2015. Op. cit.

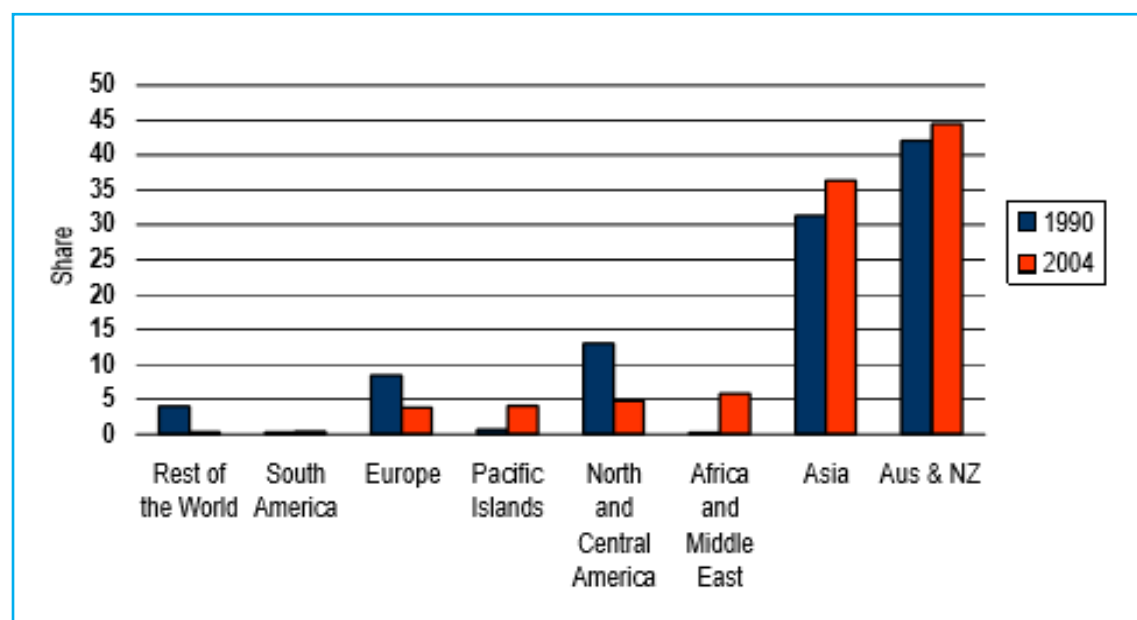
52 SOWC Database. Op. cit.

53 Ibid.

54 Formal trade between Pacific Island nations accounts for only 2 per cent of imports (2004), See: Institute of Policy Studies, Victoria University of Wellington, Pacific Island Economies: The role of international trade and investment. 2007. <http://igps.victoria.ac.nz/events/completed-activities/Pasifika%20project/CIE%20Economies.pdf>, p. 6.

Asia have increased, to the detriment of the share of imports coming from Europe and North and Central America.⁵⁵ The PIC regional import economy is dominated by heavy machinery, transportation equipment and fuel.⁵⁶

Figure 2.6: Changes in the origin of Pacific imports (1990 to 2004)⁵⁷



Source: Asian Development Bank

While the composition of exports from PICTs is diverse, natural resources account for 54 per cent of total export earnings,⁵⁸ with products including copra, coconut oil, cocoa, fruit, cava, fish, pearls, seaweed and timber dominating the export market across the region.⁵⁹ Similar to the share of imports, PICTs export to New Zealand, Australia and Asia (principally Japan and China), although they continue to export to a lesser degree to European countries such as Germany and the United Kingdom.⁶⁰ Australia is currently the largest export destination, at US\$3.23 billion, followed by Japan at US\$2.29 billion (figures for 2014).⁶¹

PIC economies are particularly vulnerable to external shocks, owing to their import-orientation and geographical isolation. One of the biggest risks to countries in the Pacific region is posed by natural disasters. Given the reliance of many rural communities on the land for subsis-

55 Graph retrieved from: Ibid.,.

56 Ibid. p. 12.

57 Asian Development Bank. 2006. Cited in: Institute of Policy Studies, Victoria University of Wellington, Op. cit. p. 8.

58 Ibid. p. 9.

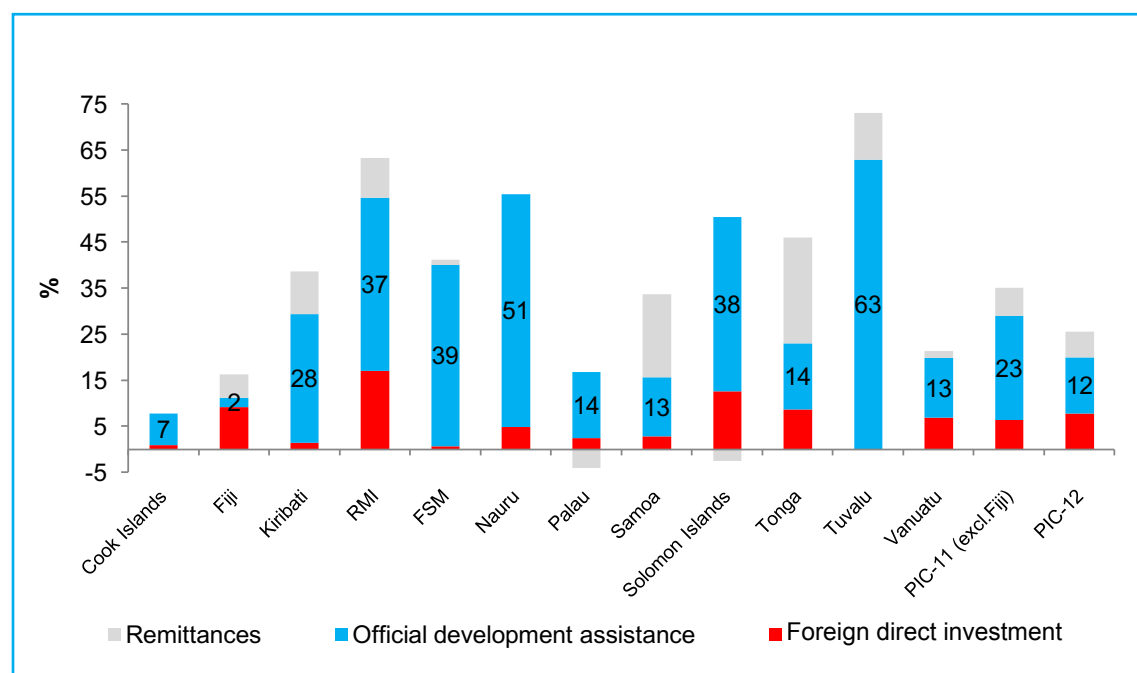
59 Ibid. pp. 9-11.

60 Asian Development Bank, Economic Growth and Sustainable Development in the Pacific Island Countries. 2016. <https://www.adb.org/sites/default/files/publication/219266/adbi-pb2016-6.pdf>, p 1

61 Ibid.

tence agriculture and fishing, the impact of natural disasters such as tsunamis, flooding and tropical cyclones can be devastating. The region's high vulnerability to such external threats has significantly slowed the growth of most Pacific Island economies, inhibiting economic development.⁶²

Figure 2.7: Net Inflows of Foreign Direct Investment (FDI), Official Development Assistance (ODA) and remittances (% of GDP, 2005-2014 average)



Source: Data from Organisation for Economic Co-operation and Development-Development Assistance Committee database (for ODA data) and UNCTADstat (for FDI)

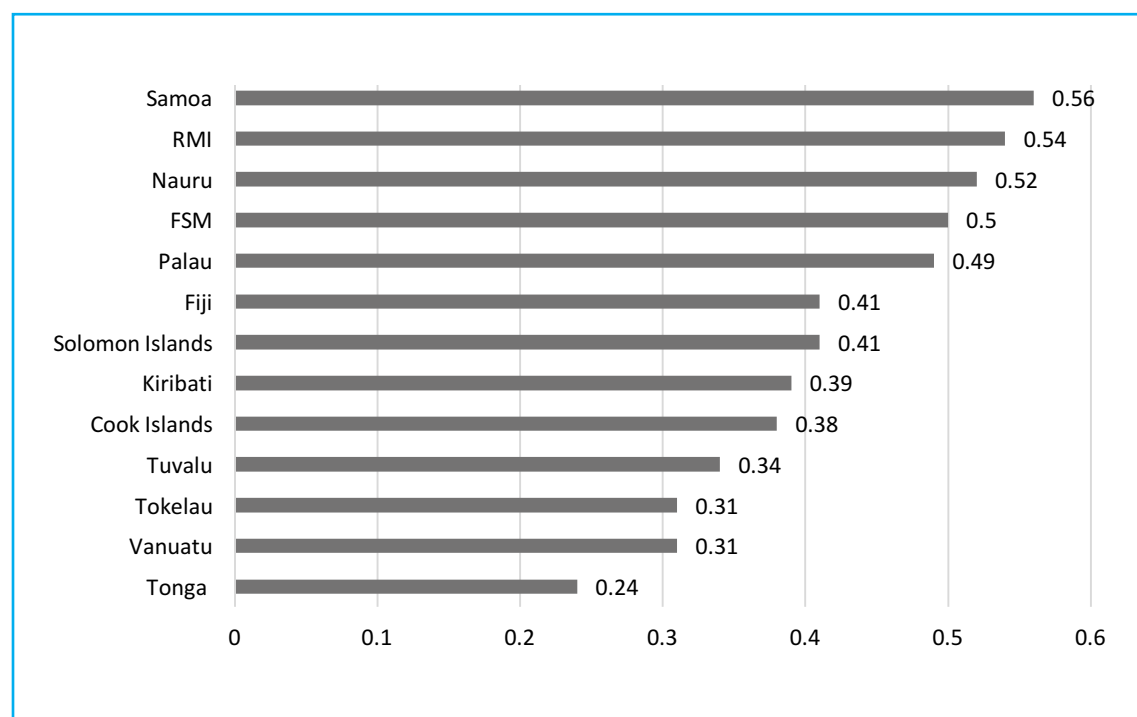
A further characteristic shared by PIC economies is their reliance on ODA. From 2005-2014, the ODA inflow to PICTs averaged 12 per cent of Gross Domestic Product (GDP). This figure varies significantly between individual nations, from as much as 63 per cent of Tuvalu's GNPI and 39 per cent of FSM's GDP, to only 2 per cent for Fiji, between 2005 and 2014 (Figure 2.7).

Economic inequality amongst PICTs is an issue of concern as national governments seek to meet the SDGs. Based on each country's most recent Household Income and Expenditure Survey (HIES), the incidence of food poverty is relatively low in PICTs, at under 10 per cent of the population in each country except FSM. However, the incidence of basic needs poverty varies considerably across the PICTs, with rates above 25 per cent in FSM, Solomon Islands, Fiji and Tuvalu, compared to the lower rates in Niue, Solomon Islands and Vanuatu (all around 13 per

cent).⁶³ This indicates that poverty in PICTs is generally associated with difficulty in meeting basic needs, rather than absolute poverty or lack of food.⁶⁴

Inequality within PICTs is also quite high. As in most countries, the national poverty averages in PICTs mask inequalities within each country. Levels of inequality in most PICTs are reasonably high, as measured by Gini coefficients.⁶⁵ The Gini coefficient in every country with the exception of Vanuatu, Tokelau and Tuvalu is significant, at over 0.35 (0.30 to 0.35 is generally accepted as 'reasonable').⁶⁶ Figure 2.8 shows that levels of inequality are particularly high in Samoa (0.56), RMI (0.54), Nauru (0.52), FSM (0.50) and Palau (0.49).

Figure 2.8: Gini coefficient, according to most recent HIES



Source: HIES. Note that there was no data available for Niue.

According to the most recent HIES, the richest 40 per cent of households have a disproportionate share of wealth in many PICTs. Figure 2.9 shows the wide gap between household wealth between the poorest and richest 40 per cent 20 per cent, indicating high rates of inequality.

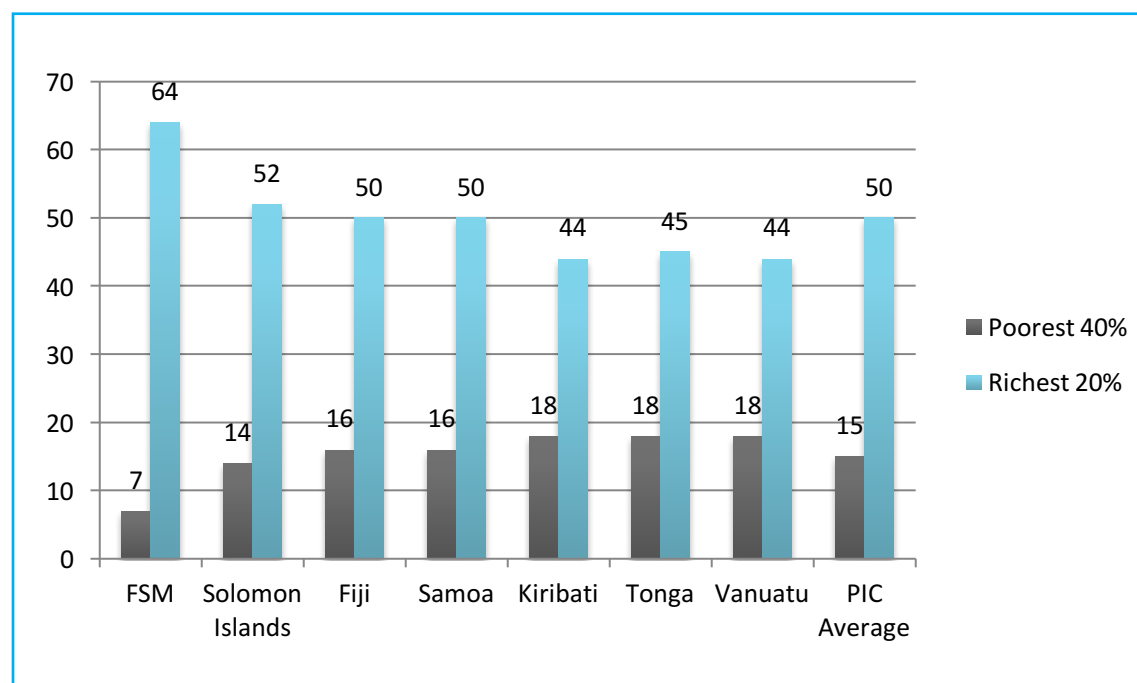
⁶³ Poverty and vulnerability is discussed in more detail in section 7.1.

⁶⁴ David Abbott and Steve Pollard 2004 *Asian Development Bank, Hardship and poverty in the Pacific*, p 4.

⁶⁵ The Gini coefficient is a number between zero and 1, where total equality is equal to zero and total inequality (one person has everything) is equal to 1.

⁶⁶ UNDP, 2014. *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change*.

Figure 2.9: Share of household wealth by poorest 40 per cent and richest 20 per cent



Source: SOWC 2016

(Note: there was not data on Cook Islands, Nauru, Niue, Palau, RMI, Tokelau or Tuvalu).

A lack of comparative data inhibits a full analysis of labour market trends across the region.⁶⁷ However, PIC labour markets generally consist of urban informal and formal sectors, the rural agricultural sector and the rural subsistence sector.⁶⁸ The central role of the public sector and public institutions means that a large number of formal sector workers are employed in the public sector.⁶⁹ The informal employment sector is composed largely of unskilled workers, working in rural subsistence production and cash cropping.⁷⁰

Figure 2.10 shows that employment-to-population ratios vary significantly between individual PICTs, from Niue, at 67, to Tuvalu at 36,⁷¹ and unemployment rates (Figure 2.11) reflect this divergence, ranging from 39.6 per cent in Tuvalu to just 2.7 per cent in Niue.⁷²

67 UNESCAP. 2017. Improving employment opportunities in Pacific Islands developing countries, <http://www.unescap.org/sites/default/files/Improving-employment-opportunities-in-PIDCs.pdf>, p. 2.

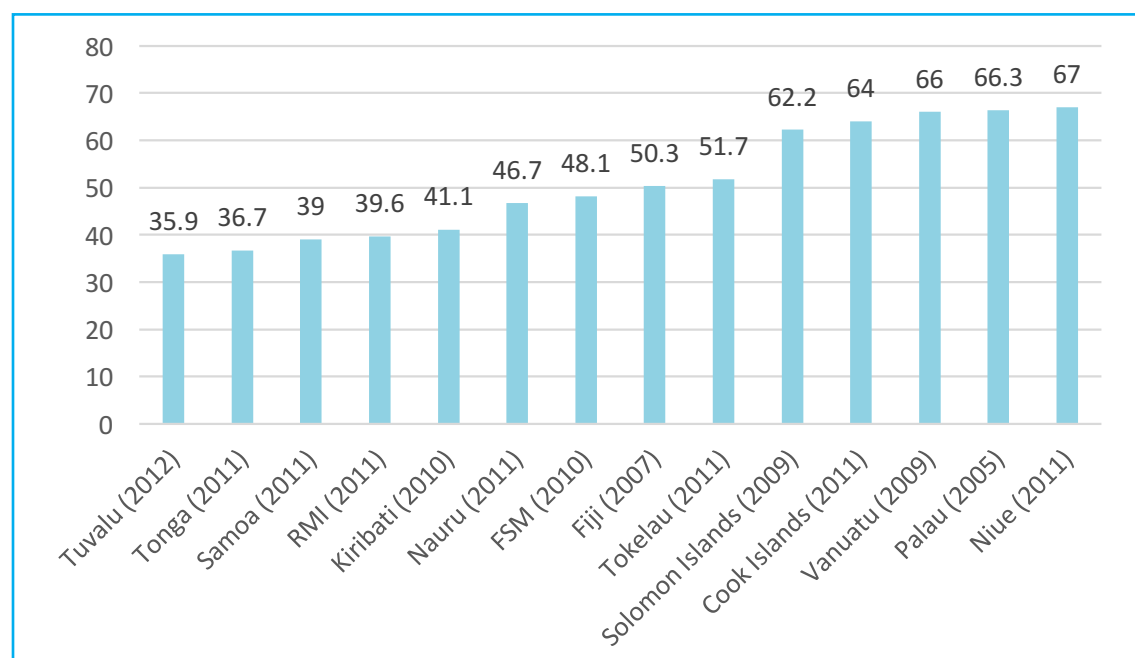
68 http://www.keepeek.com/Digital-Asset-Management/oecd/commonwealth/industry-and-services/labour-markets-in-small-developing-states/pacific-islands-labour-market-issues-and-challenges_9781848590137-5-en#page4

69 Mahendra Reddy. 2008. Pacific Islands Labour Market: Issues and Challenges, http://www.thecommonwealth-library.org/commonwealth/industry-and-services/labour-markets-in-small-developing-states/pacific-islands-labour-market-issues-and-challenges_9781848590137-5-en

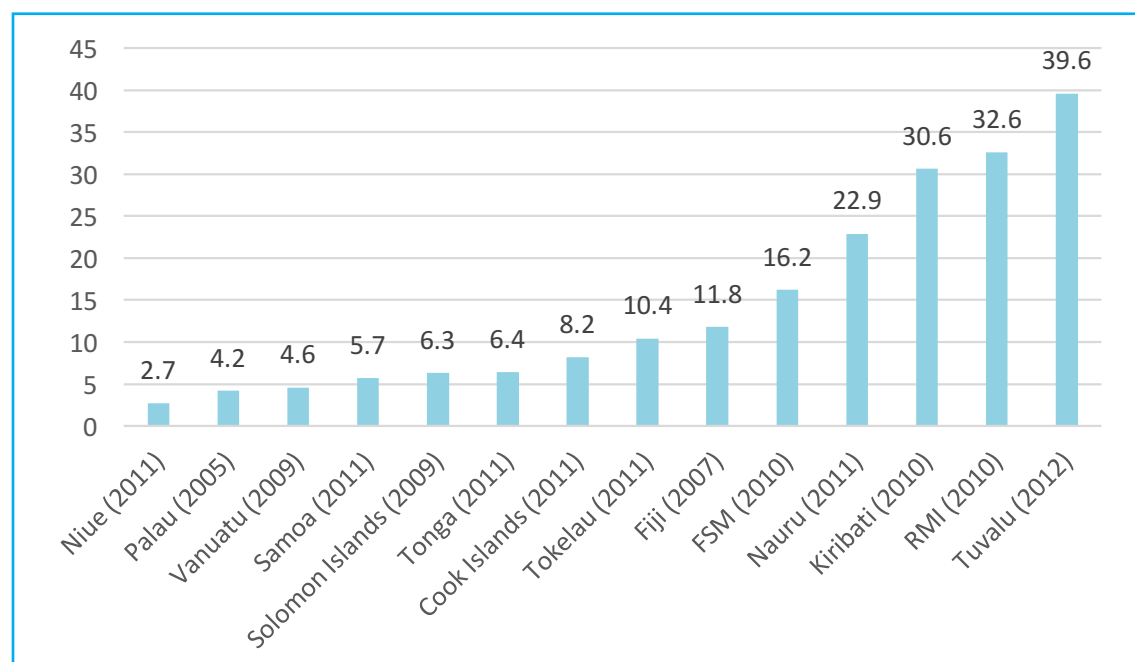
70 UNESCAP, Improving employment opportunities in Pacific Islands developing countries. Op. cit. p. 3.

71 NMDI Database, retrieved from: http://www.spc.int/nmdi/labour_force.

72 Ibid.

Figure 2.10: Employment-to-population ratio⁷³

Source: NMDI database

Figure 2.11: Unemployment rate⁷⁴

Source: NMDI Database

⁷³ Ibid.⁷⁴ Ibid.

2.5. Legislative and policy frameworks

All PICTs have functioning judicial and administrative justice systems, mostly modelled on the British judicial system, with the exception of the North Pacific countries, which mirror the United States' judicial system.⁷⁵ Furthermore, many PICTs incorporate customary law and practices into their judicial systems.⁷⁶ All PIC Constitutions guarantee the independence of the judiciary from the legislative and executive branches of government, and apply constitutional standards such as the process of appointment of judicial officers, security of tenure and the defined jurisdictions under which they operate.⁷⁷ Despite this, there is variation in the application of constitutional standards across PICTs, with concerns recently raised in the United Nations compilation to the Universal Periodic Review (UPR) for Nauru in 2015, regarding judicial independence issues.⁷⁸ The United Nations Country Team urged the Government of Nauru to uphold the independence of judges, including through the introduction of appropriate safeguards in the Constitution and supporting legislation, and to seek technical assistance from the UN and partners to support efforts to strengthen the rule of law and the justice system.⁷⁹ Similar issues were raised regarding Fiji, with requests made by the Special Rapporteur on the Independence of Judges and Lawyers to visit the country (the first request was made in 2008, and reminders submitted in 2010, 2012 and 2014).⁸⁰ An independent judiciary is essential to ensure that victims of human rights violations can seek redress through the judicial system.⁸¹

Pacific Island judiciaries generally have a positive record in applying international human rights principles to national law, with Samoa and Fiji being two notable cases.⁸² However, most PICTs lack a national human rights institution (NHRI) and/or ombudsperson,⁸³ posing a barrier to access to justice and the right to remedy human rights violations. Furthermore, among those available, only Samoa's national human rights institution complies with the Paris Principles, meaning that the majority of national human rights institutions fail to meet international standards.⁸⁴ Regional cooperation on human rights does not take place in the Pacific region, despite being common practice in most of the world.

75 Human Rights in the Pacific: A Situational Analysis, 2016. Op. cit. p. 8.

76 Ibid.

77 Ibid.

78 United Nations Compilation to the UPR for Nauru, https://www.upr-info.org/sites/default/files/document/nauru/session_23_-_november_2015/unct_pacific_region_upr23_nru_e_main_rev.pdf in Human Rights in the Pacific: A Situational Analysis, 2016. Op. cit. p. 8.

79 United Nations Compilation to the UPR for Nauru. Op. cit.

80 Human Rights in the Pacific. Op. cit. p. 8.; United Nations Office of the High Commissioner, "Country visits" <http://www.ohchr.org/EN/Issues/Judiciary/Pages/Visits.aspx> [12.07.17].

81 Amnesty International. 2014. "Fiji Play Fair." <https://www.amnesty.org/download/Documents/8000/asa180032014en.pdf> [12.07.17].

82 Human Rights in the Pacific. Op. cit. p. 9.

83 Ibid.

84 Ibid. p 10.

While all PICTs have signed and ratified the CRC, national records on reporting obligations are less satisfactory, with many missing reporting deadlines. While almost all PICTs have ratified the Convention against All Forms of Discrimination Against Women (CEDAW), and significant efforts have been made to counter violence against women across the region,⁸⁵ societal perceptions of gender and a woman's role in the family and the community remain significant barriers to advancing women's rights fully.⁸⁶ Table 2.4 shows ratification and reporting details.

85 See for example, The Pacific Gender Equality Leaders Declaration. (2012). available at <http://www.forumsec.org/pages.cfm/newsroom/press-statements/2013/2012/forum-leaders-gender-equality-declarationcelebrated.html>

86 Human Rights in the Pacific. Op. cit. p. 13.

Table 2.4: Ratification and reporting status – CRC and CEDAW

| State | Involvement of Children in Armed Conflict | | | Optional Protocols to the CRC | | | | | CEDAW | | |
|-----------------|---|------------------------------------|--|--|----------|---------|----------|---------------------------------|--------------------------------------|---|--|
| | | | | Sale of Children, Child Prostitution and Child Pornography | | | | | | | |
| | Ratified/ Acceded/ Signed | Due date for next CRC Report | Status of CRC Reporting | Signed | Ratified | Signed | Ratified | Ratified/ Acceded/ Signed | Due date for next CEDAW Report | Status of CEDAW Reporting | |
| Cook Islands | 6/6/97a | 5/1/18 | Initial report submitted 5 Nov 2010 | N/A | N/A | N/A | N/A | 11/8/06a | N/A | Combined 2 nd and 3 rd reports submitted 28 Feb 2017 | |
| Fiji | 13/08/93 | 11/9/20 | Combined 2 nd to 4 th reports submitted4 Aug 2011 | 16/9/05 | N/A | 16/9/05 | N/A | 28/8/95 | N/A | 5 th report submitted 29 Jun 2016 | |
| FSM | 5/05/93a | 3/6/00 | Initial report submitted 16 Apr 1996 | 8/5/02 | 26/10/15 | 8/5/02 | 23/4/13 | 1/9/04a | N/A | Combined 1 st to 3 rd reports submitted 4 Aug 2015 | |
| Kiribati | 11/12/95a | 9/7/11 | Initial report submitted 22 Aug 2005 | N/A | 16/9/15a | N/A | 16/9/15a | 17/3/04a | 16/4/05 | Initial report overdue since 2005 | |
| Nauru | 27/07/94a | N/A | Initial report submitted 11 Jan 2016 | 8/9/00 | N/A | 8/9/00 | N/A | 23/6/11a | N/A | 1 st to 3 rd reports submitted 13 Jan 2016 | |
| Palau | 4/08/95a | N/A | 2 nd report submitted 27 Jul 2016 | N/A | N/A | N/A | N/A | 20/9/11s | N/A | N/A | |

| State | Convention on the Rights of the Child Involvement of Children in Armed Conflict | | | Optional Protocols to the CRC | | | | | CEDAW | | |
|------------------------------------|--|--|--|---|----------|---------|----------|--|---------------------------------|---|--|
| | Ratified/ Acceded/ Signed | Due date for next CRC Report | Status of CRC Reporting | Sale of Children, Child Prostitution and Child Pornography | | | | | Ratified/ Acceded/ Signed | Due date for next CEDAW Report | Status of CEDAW Reporting |
| | | | | Signed | Ratified | Signed | Ratified | | | | |
| RMI | 4/10/93 | N/A | 3 rd and 4 th reports submitted 7 Jul 2016 | N/A | N/A | N/A | N/A | | 2/3/2006a | N/A | Combined 1 st to 3 rd reports submitted 13 Sept 2016 |
| Samoa | 29/11/94 | N/A | Combined 2 nd to 4 th reports submitted 23 April 2014 | N/A | 17/5/16a | N/A | 29/4/16a | | 25/9/92a | 6 th report overdue since 1 July 2016 | Combined 4 th and 5 th reports submitted 11 August 2010 |
| Solomon Islands | 10/04/95a | N/A | Combined 2 nd and 3 rd reports submitted 1 July 2016 | 24/9/09 | N/A | 24/9/09 | N/A | | 6/5/02a | 4 th report due in November 2018 | 1 st to 3 rd reports submitted 2014 |
| Tokelau* (Reported by New Zealand) | | | | | | | | | | | |
| Tonga | 6/11/95a | 6/12/97 | Initial report overdue since 6 December 1997 | N/A | N/A | N/A | N/A | | N/A | N/A | N/A |
| Tuvalu | 22/09/95a | Combined 2 nd to 5 th reports due 29 Oct 2017 | Initial report submitted 16 Feb 2012 | N/A | N/A | N/A | N/A | | 6/10/99a | 5 th report due on 1 Mar 2019 | Combined 3 rd and 4 th reports submitted in 2012 |
| Vanuatu | 7/07/93 | N/A | 2 nd report submitted 3 Aug 2016 | 16/9/05 | 26/9/07a | 16/9/05 | 17/5/07 | | 8/9/95 | Next report due 1 Mar 2020 | Combined 4 th and 5 th reports submitted 17 Oct 2014 |

3.

Health and nutrition

The regional situation analysis of child and maternal health in the PICTs is framed around the CRC (particularly the rights to life, survival and development and to health) and the SDGs, particularly SDG 3 on ensuring healthy lives and promoting well-being. The following assessment and analysis covers the broad areas of: child mortality; child health; immunization and communicable diseases; maternal health; and adolescent health. Furthermore, the situation of child and maternal nutrition is analysed regarding the six thematic areas described in the WHO Global Nutrition Targets: child stunting; anaemia; low birth weight; obesity/over-weight; breastfeeding; and wasting/acute malnutrition. The specific international development targets pertaining to each thematic area are set out in detail in the respective sub-sections.

Key health and nutrition-related SDGs

| SDGs | Targets | Indicators |
|------------|--|--|
| 2.2 | By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons | Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age |
| | | Prevalence of malnutrition (weight for height $>+2$ or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type |
| 3.1 | By 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births | Maternal mortality ratio |
| | | Proportion of births attended by skilled health personnel |

| | | |
|------------|---|--|
| 3.2 | By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births | Under-five mortality rate |
| | | Neonatal mortality rate |
| 3.3 | By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases | Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations |
| | | Tuberculosis incidence per 1,000 population |
| | | Malaria incidence per 1,000 population |
| 3.7 | By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs | Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods |
| | | Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group |

The analysis of causes of shortcomings and bottlenecks in relation to child and maternal health in the PICTs takes a ‘health systems approach’. A country’s health system includes “all organisations, people and actions whose primary intent is to promote, restore or maintain health.”⁸⁷ According to WHO/UNICEF guidance, the following six building blocks make up a country’s health system: 1) leadership and governance; 2) healthcare financing; 3) health workforce; 4) information and research; 5) medical products and technologies; and 6) service delivery.⁸⁸ This analysis takes these building blocks into account. Furthermore, cross-references to parts of the SitAn (e.g. WASH) are made where relevant, given that the causes of shortcomings in health systems are often multifaceted and interlinked with other areas.

3.1. Child mortality

Neonatal mortality (0 to 28 days), infant mortality (under 1 year), and under-5 mortality (U5MR) rates in the PICTs have been declining continuously since the early 1990s, with a few country-specific exceptions. However, despite this progress, the PICTs region has so far failed to meet

87 WHO building blocks, nutrition integration, and health systems strengthening. 2016. https://www.unicef.org/supply/files/GLC2_160615_WHO_building_blocks_and_HSS.pdf [02.03.17].

88 Ibid.

international development goals related to child mortality – still short of the SDG targets on neonatal and under-5 child mortality.

3.1.1. Under-5 mortality

According to the latest estimates summarised in the 2016 SOWC dataset, the average U5MR across the PICTs region stands at 27 deaths per 1,000 live births as of 2015, which represents a 31 per cent reduction since 1990.⁸⁹ This means that the PICTs as a whole have not yet reached SDG 3.2 on under-5 child mortality (at least as low as 25/1,000 by 2030). The PIC-wide average also compared unfavourably to the wider regional average for East Asia and Pacific (18/1,000 live births as of 2015, see Figure 3.1).

The average U5MR in the PICTs remains somewhat higher for boys (29/1,000) than for girls (24/1,000), which is in line with wider regional and world-wide trends.⁹⁰ Tonga is the only PIC with an inverse relationship between gender and the U5MR (18/1,000 for girls 15/1,000 for boys).⁹¹ Note, however, that this anomaly may be driven by the small overall number of vital events in Tonga.

Importantly, the regional figures hide significant differences between countries. For example, Kiribati's U5MR has an estimated 56 deaths per 1,000 live births, as of 2015 – around 86 per cent higher than the U5MR of the Cook Islands (an estimated 8/1,000).⁹² As of 2015, only 6 of 14 PICTs had achieved the SDG target of 25/1,000 live births by the year 2030 (see Figure 3.1).⁹³ It appears that countries in the South-Eastern part of the PICTs region (with the exception of Palau) have a lower U5MR than countries in the North-Western part.

The regional averages also hide important differences between countries in reducing U5MR since the early 1990s. Figure 3.2 shows that, while nearly all PICTs reduced their U5MR between 1990 and 2015, only the Cook Islands managed to achieve a reduction of more than two thirds (67 per cent), in line with Millennium Development Goal (MDG) 4.⁹⁴ On average, the PICTs group reduced their U5MR by 31 per cent; not even half the required MDG rate.⁹⁵

According to SOWC 2016 data, Niue is the only PIC that has experienced an *increase* in the U5MR over recent decades, from a relatively low 14/1,000 in 1990 to 23/1,000 in 2015 (see Figure 3.2). However, given the very small number of vital events in this tiny island nation, mortality rates fluctuate heavily and time trends should be interpreted with caution.

89 SOWC 2016. Op. cit.

90 Ibid. The global U5MR for boys stands at 44/1,000 and at 41/1000 for girls. The East Asia and Pacific average U5MR for boys stands at 19/1,000 and at 16/1000 for girls.

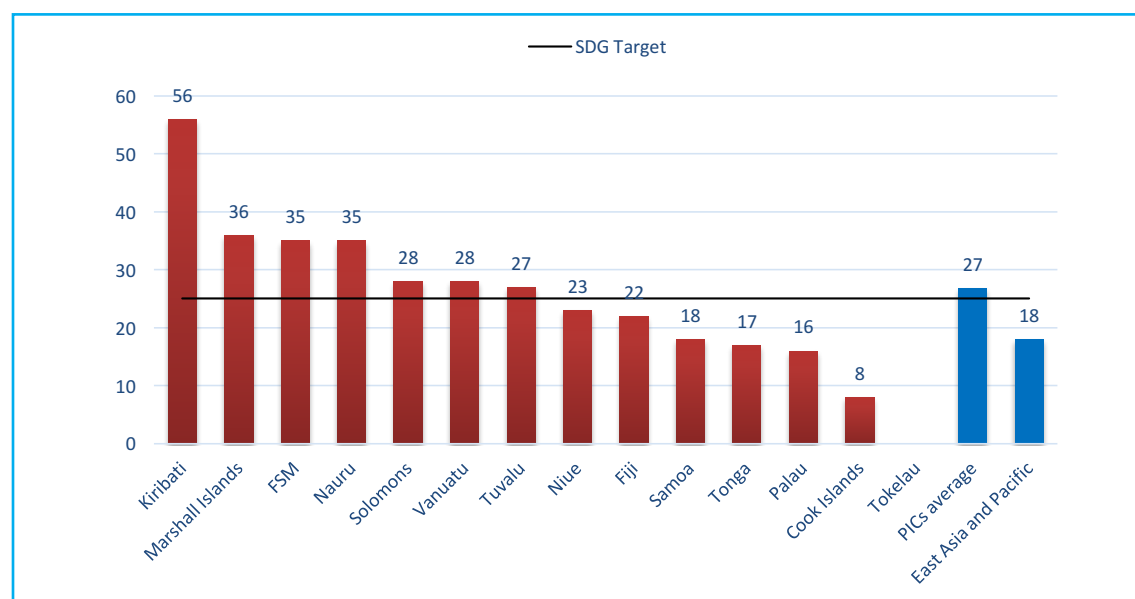
91 Ibid.

92 WHO building blocks, nutrition integration, and health systems strengthening. Op. cit.[02.03.17].

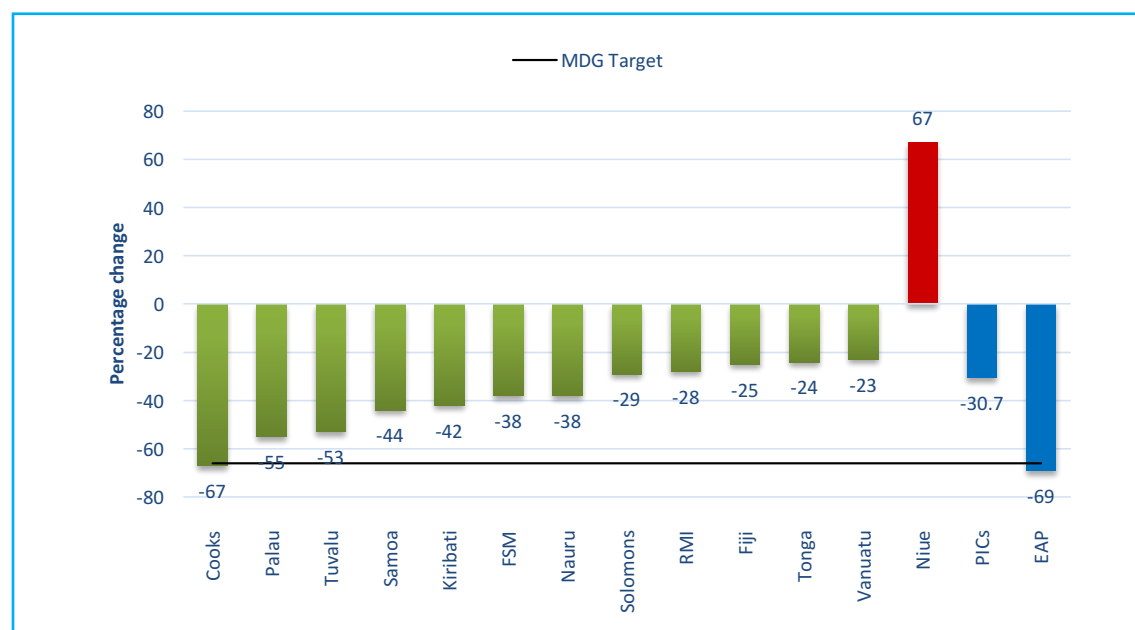
93 Note that SOWC 2016 estimates for Tokelau are not available.

94 SOWC 2016. Op. Cit.

95 Ibid.

Figure 3. 1: U5MR in the PICTs⁹⁶

Source: SOWC 2016

Figure 3. 2: Change in U5MR (in per cent) between 1990 and 2015⁹⁷

Source: SOWC 2016

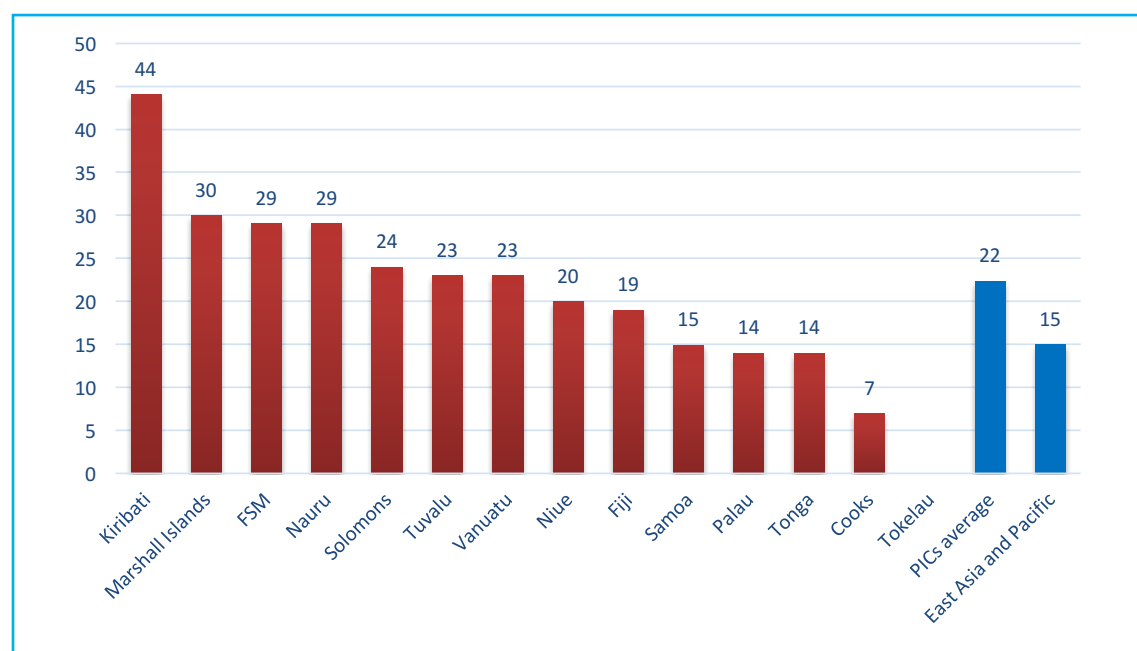
⁹⁶ Estimates for Tokelau are not available. Note that the PIC-wide average is not weighted by country population size. This applies to all PIC averages presented in this report.

⁹⁷ Estimates for Tokelau are not available.

3.1.2. Infant mortality

The SDGs do not include an explicit target for infant mortality, but instead focus on under-5 and neonatal mortality. Of an estimated 13,449 deaths in under-5 year olds in 2015 in the Oceania region,⁹⁸ 10,518 (78.2 per cent) occurred within the first year after birth, which highlights the importance of targeting infant mortality in order to reduce under-5 mortality.⁹⁹ The average infant mortality rate across the whole PIC group was an estimated 22/1,000 as of 2015; a reduction by one third from 33/1,000 in 1990.¹⁰⁰ As with under-5 mortality, Kiribati has the highest infant mortality rate among the PICTs – nearly 15 percentage points above the next country (RMI) (see Figure 3.3).

Figure 3. 3: Infant Mortality Rates in the PICTs¹⁰¹



Source: SOWC 2016

3.1.3. Neonatal mortality

Globally, 45 per cent of child deaths under the age of 5 years take place during the neonatal period (the first 28 days after birth).¹⁰² The average neonatal mortality rate in the PIC group is an estimated 14 deaths per 1,000 live births, as of 2015.¹⁰³ **This is still above the SDG Target 3.2 for neonatal mortality**, which encourages states to reach 12/1,000 by 2030. However, the regional average also

98 The Oceania region includes the following countries, in addition to the 14 PICTs: American Samoa, French Polynesia, New Caledonia, Guam, Northern Mariana Islands, Papua New Guinea.

99 Data are available at: <https://data.unicef.org/topic/child-survival/under-five-mortality/> [25.04.17].

100 SOWC 2016. Op. cit.

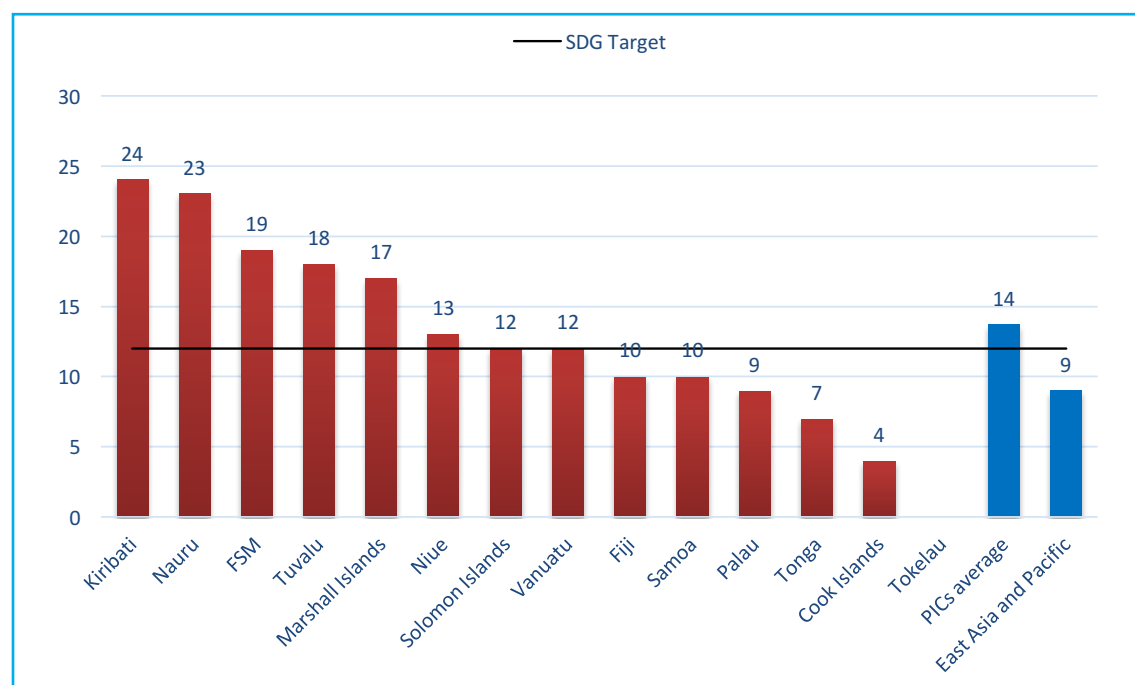
101 Estimates for Tokelau are not available.

102 WHO. 2016. Children: reducing mortality. Fact sheet <http://www.who.int/mediacentre/factsheets/fs178/en/> [07.07.17].

103 SOWC 2016. Op. cit.

hides significant differences between countries (see Figure 3.4). The Cook Islands, for example, has a rate of 4/1,000, which is comparable to rates in Canada and Greece.¹⁰⁴ In contrast, Kiribati has an estimated rate of 24/1,000, which is comparable to rates in Haiti and Liberia.¹⁰⁵

Figure 3. 4: Neonatal mortality rates in the PICTs



Source: SOWC 2016

3.1.4. Disparities within countries

In addition to disparities between countries, the regional figures hide important differences *within* countries, such as in child mortality rates between rural and urban areas and between poor and wealthy households. For example, the 2012 WHO health service delivery profile for the Cook Islands suggests that the remote Outer Islands have significantly higher rates of deaths in the under-5 age group compared with Rarotonga, the main island and seat of the capital city.¹⁰⁶ Similarly, a 2013 UNICEF report on maternal and child survival in Kiribati, the Pacific Island with the highest child mortality rates, suggests that they are significantly higher in the remote Outer Islands. The same report indicates that child mortality is higher amongst poorer households and amongst mothers with lower levels of education.¹⁰⁷

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ WHO/MoH. 2012. Cook Islands health service delivery profile. Available at: http://www.wpro.who.int/health_services/service_delivery_profile_cook_islands.pdf [10.04.17].

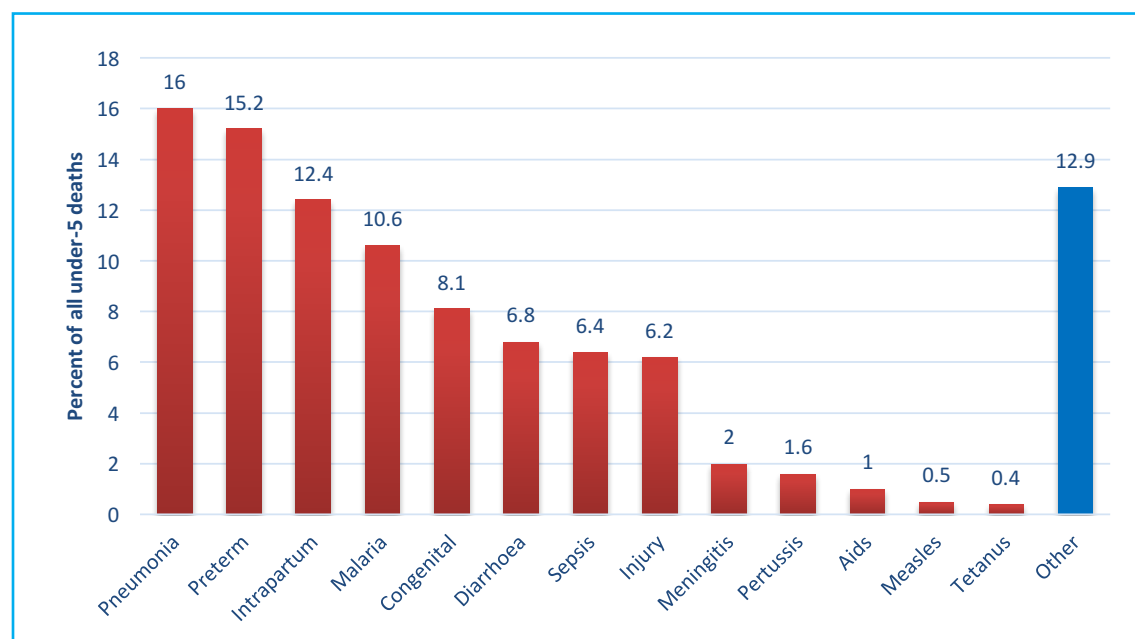
¹⁰⁷ UNICEF. 2013. Kiribati: Tracking Progress in Maternal and Child Survival. A Case Study Report, 2013. Available at: https://www.unicef.org/pacificislands/14-02-2014_thePICTs_Case_Study_For_Delivery_to_UNICEF_8-29-2013_conversion.pdf [25.04.17].

Finally, it is important to note that reporting rates for child mortality are likely to differ significantly between urban and rural areas, due to inadequate health information systems and limited communication links to remote Outer Islands. For example, it has been noted that infant mortality rates from rural areas in the FSM are likely to suffer from underreporting, because infant deaths on the country's Outer Islands are typically not recorded.¹⁰⁸

3.1.5. Immediate causes of child mortality

UN estimates of the causes of death in under-5-year-olds suggest that pneumonia (16 per cent of all under-5 deaths), preterm complications (15.2 per cent), intrapartum complications (12.4 per cent), and malaria (11 per cent) are the four most important causes in the Oceania region.¹⁰⁹ Congenital diseases and diarrhoea also account for a significant proportion of deaths in under-5-year-olds in the same region. Figure 3.5 shows the percentage of all recorded deaths in under-5-year-olds attributable to each cause. Note the high proportion of unidentified ('other') causes, accounting for 13 per cent of all reported under-5 deaths in 2015.

Figure 3. 5: Causes of death in under 5 year olds in Oceania in 2015



Source: UNICEF 2017

¹⁰⁸ UNICEF 2013. Tracking Progress in Maternal and Child Survival, Case Study Report for the Federated States of FSM, https://www.unicef.org/pacificislands/14-02-2014_FSM_Case_Study_For_Delivery_to_UNICEF_8-29-2013_conversion.pdf [25.04.17].

¹⁰⁹ Note that Oceania also includes the following countries, in addition to the 14 PICTs: American Samoa, French Polynesia, New Caledonia, Guam, Northern Mariana Islands, Papua New Guinea. Data are available at: <https://data.unicef.org/topic/child-survival/under-five-mortality/> [25.04.17].

3.1.6. Underlying causes of child mortality

Many of the underlying causes of the relatively high child mortality rates in the PICTs relate to poverty, overcrowding, lack of access to adequate maternal and child health services, lack of family planning, poor nutrition, limited access to improved water and sanitation facilities, and detrimental hygiene practices. For example, according to the UN special rapporteur on the right to water and sanitation, much of Kiribati's population still use the sea and bushes to go to the toilet, which, combined with a lack of hand-washing habits, leads to the spread of often fatal diseases (e.g. diarrhoeal diseases), particularly among children.¹¹⁰ A recent WHO report suggests that in Kiribati's Outer Islands, 50 per cent to 70 per cent of the rural population practise open defecation – rates described as being at “crisis levels”.¹¹¹ In light of these estimates it is not surprising that Kiribati has the highest rates of child mortality in the whole PIC region.

3.2. Child health, immunization and communicable diseases

Basic healthcare services appear to be, on average, relatively accessible for children living in the PICTs, especially when compared to access rates for the larger region of East Asia and Pacific. For example, in the PICTs, 75 per cent of children aged under 5 with suspected pneumonia are taken to a health provider, according to the most recent UN estimates,¹¹² which is above the average rate for East Asia and Pacific (73 per cent as of 2015).¹¹³ However, it is important to note that the PIC-wide average is based on estimates from only five countries (Kiribati, Nauru, Samoa, Solomon Islands and Vanuatu), and that data on health provider access (in cases of suspected pneumonia) are lacking for most countries in the region.¹¹⁴

In the whole PICTs group, an estimated 45 per cent of children under 5 with diarrhoea receive oral rehydration salts (ORS), which is one percentage point below the East Asia and Pacific average of 46 per cent (excluding China).¹¹⁵ Again, significant data gaps exist, with unavailable ORS coverage data for 7 of the 14 PICTs.¹¹⁶ Despite the 45 per cent access rate, diarrhoea continues to affect a large number of children in the PICTs, especially young children. For example, a recent WHO

110 As cited in ABC News. 2012. Lack of water causing child deaths in the PICTs: UN: <http://www.abc.net.au/news/2012-07-26/an-the-PICTs-un-water/4157092> [25.04.17]

111 WHO. 2016. Sanitation, drinking-water and health in Pacific island countries: 2015 update and future outlook. Available at: http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf [02.06.17] p.10.

112 SOWC 2016. Op. Cit.

113 Ibid.

114 Ibid.

115 Ibid.

116 Ibid.

report suggests that, although its treatment has reduced child mortality considerably across the whole region, over 1,000 people in the Pacific region (including many children) die each year due to diarrhoeal disease.¹¹⁷

Good progress has been made in fighting vaccine-preventable diseases in the PIC region. For example, a recent regional report notes that, since the Western Pacific Region was certified polio-free in 2000, all countries have retained this status, despite the continued threat of wild poliovirus importations from other countries. The report also commends the Pacific region for interrupting the endemic transmission of measles and for substantially reducing Hepatitis B (HEPB) infection amongst children.¹¹⁸ However, despite these positive developments, gaps remain, and immunization coverage often varies significantly between countries.

UNICEF/WHO data suggest that, as of 2015, only 68 per cent of children in the Oceania region¹¹⁹ were fully immunized against DTP by the age of 1, which compares unfavourably to the global average of 86 per cent.¹²⁰ Similarly, World Bank data suggest that, as of 2015, only 84 per cent of children aged 12 to 23 months in the Pacific Islands Small States¹²¹ were immunized against measles, which is significantly below the East Asia and Pacific average of 91 per cent, and compares unfavourably with the global average of 85 per cent.¹²²

Regional immunization coverage rates vary significantly depending on the specific vaccination schedule. Figure 3.6 shows that, of all 12 universally recommended vaccines, only two have coverage rates above 70 per cent in the Oceania region (Bacillus Calmette–Guérin [BCG] and DTP1). The Figure also shows that regional coverage rates are lowest for Respiratory Syncytial Virus (RCV1) (17 per cent of the target population), Meningococcal Conjugate Vaccine (MCV2) (10 per cent), and Rotac (8 per cent).¹²³

Whilst overall coverage rates in the Pacific region remain relatively low compared to global and East Asia averages, it is important to highlight that the region has made substantial progress over recent decades. Table 3.1 displays regional immunization coverage trends for the 12 recommended vaccines between 2005 and 2015. It shows that coverage rates have, on average, increased over the period, with only BCG and MCV1 recording lower coverage rates in 2015 (71 and 65 per cent, respectively) compared to 2005 (77 and 67 per cent, respectively).¹²⁴

117 WHO. 2016. Sanitation, drinking-water and health in Pacific island countries. Op. cit.

118 Tyson, S. and Clements, J. 2016. Strengthening Development Partner Support to Immunisation Programs in the Pacific - Strategic Review. Mott MacDonald. p.5.

119 Oceania includes the following states in addition to the 14 PICTs: American Samoa, French Polynesia, New Caledonia, Guam, Northern Mariana Islands, and PNG. Note that the inclusion of PNG generally pulls down averages for the Pacific region.

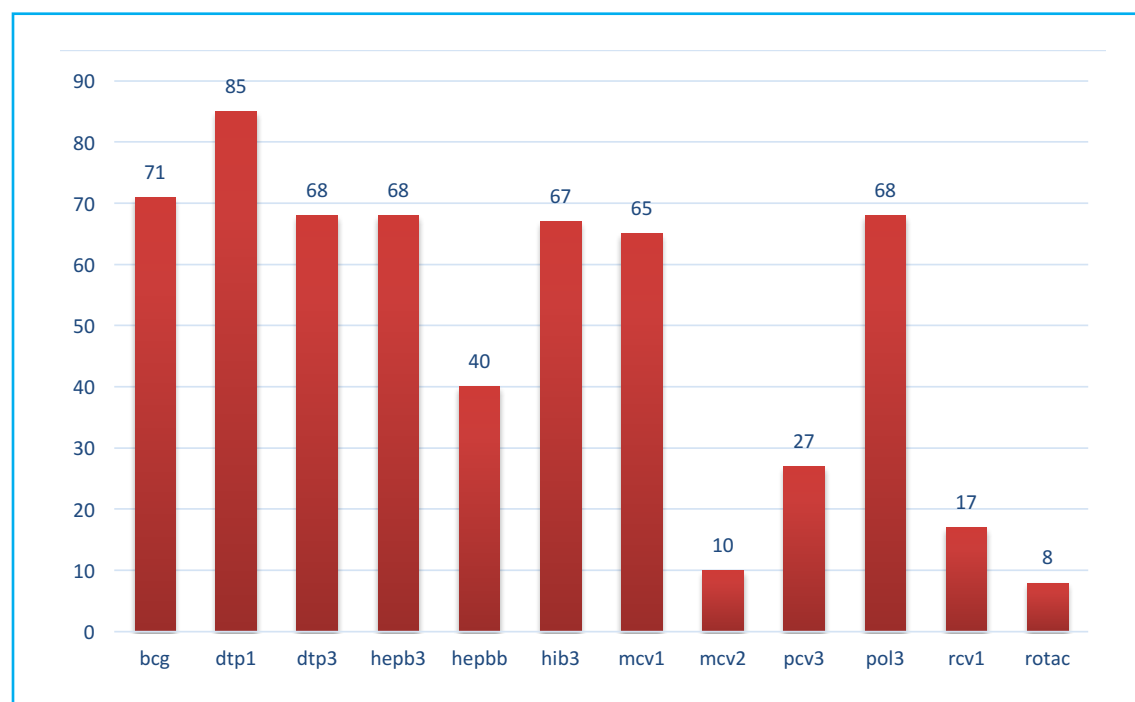
120 See UNICEF. 2017. <https://data.unicef.org/topic/child-health/immunization/> [25.04.17].

121 The Pacific Island Small States group includes all PICTs except Cook Islands, Niue and Tokelau.

122 World Bank. 2017. Available at: <http://data.worldbank.org/indicator/SH.IMM.MEAS?locations=S2> [25.04.17].

123 UNICEF 2017. Op. cit.

124 Ibid.

Figure 3.6: Immunization coverage in Oceania in 2015 (as percentage of target population)

Source: UNICEF 2017

Table 3.1: Immunization coverage trend in Oceania 2005-2015 (as percentage of target population)¹²⁵

| 1 | No progress | | | 2 | A start has been made | | | 3 | Reasonable progress | | 4 | Good progress | |
|-------|-------------|------|------|------|-----------------------|------|------|------|---------------------|------|------|---------------|--|
| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | | |
| BCG | 77 | 79 | 73 | 74 | 82 | 82 | 85 | 86 | 89 | 83 | 71 | | |
| DTP1 | 83 | 87 | 80 | 74 | 83 | 83 | 86 | 87 | 89 | 88 | 85 | | |
| DTP3 | 67 | 67 | 66 | 59 | 67 | 63 | 67 | 69 | 72 | 67 | 68 | | |
| HEPB3 | 67 | 74 | 65 | 62 | 67 | 63 | 67 | 69 | 72 | 67 | 68 | | |
| HEPBB | 17 | 44 | 40 | 37 | 36 | 39 | 39 | 42 | 44 | 39 | 40 | | |
| HIB3 | 10 | 10 | 10 | 16 | 65 | 61 | 67 | 69 | 72 | 67 | 67 | | |

¹²⁵ Note that the target population differs depending on the specific vaccine. For more information see: <https://data.unicef.org/topic/child-health/immunization/> [25.05.17].

| | | | | | | | | | | | |
|-------|----|----|----|----|----|----|----|----|----|----|----|
| MCV1 | 67 | 69 | 64 | 59 | 60 | 61 | 65 | 71 | 74 | 69 | 65 |
| MCV2 | 9 | 9 | 10 | 10 | 9 | 9 | 10 | 10 | 11 | 11 | 10 |
| PCV3 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 7 | 8 | 27 |
| POL3 | 58 | 63 | 67 | 70 | 72 | 67 | 65 | 74 | 73 | 60 | 68 |
| RCV1 | 12 | 12 | 12 | 11 | 11 | 11 | 11 | 11 | 18 | 17 | 17 |
| Rotac | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 7 | 7 | 8 |

Source: UNICEF. 2017. Immunization coverage by antigen (global and regional)

These regional averages hide important differences between individual countries in relation to immunization coverage. Indeed, coverage rates vary significantly within the PIC region, with some countries having reached (near) universal coverage rates for almost all recommended vaccines, whilst coverage rates in other countries remain very low and have, in some cases, even declined over recent decades. For example, the small island nation of Niue has achieved universal coverage for 11 of the 12 recommended vaccines (see Figure 3.7), despite freight costs per vaccine dose being the highest in the region as the result of the small number of doses ordered.¹²⁶

In contrast to Niue, coverage rates in several PICTs (including Tonga, Vanuatu and Samoa) remain, on average, below 70 per cent, and have in some cases even experienced a decline over recent decades. Figure 3.8 displays immunization coverage rates in Samoa since 2000, showing a decline for nearly all recommended vaccines.

A recent analysis of data from Demographic and Health Surveys (DHS) suggests that most PICTs provide equitable access to immunization, according indicators of gender, residence and wealth quintile.¹²⁷ However, access difficulties associated with the scattered, archipelago geography of PICTs mean that coverage often varies considerably between remote Outer Islands and main urban areas. For example, in Solomon Islands, coverage rates for MCV vary from 90 per cent on the main island of Guadalcanal, to less than 43 per cent on the remote Rennell Island (Mugaba).¹²⁸

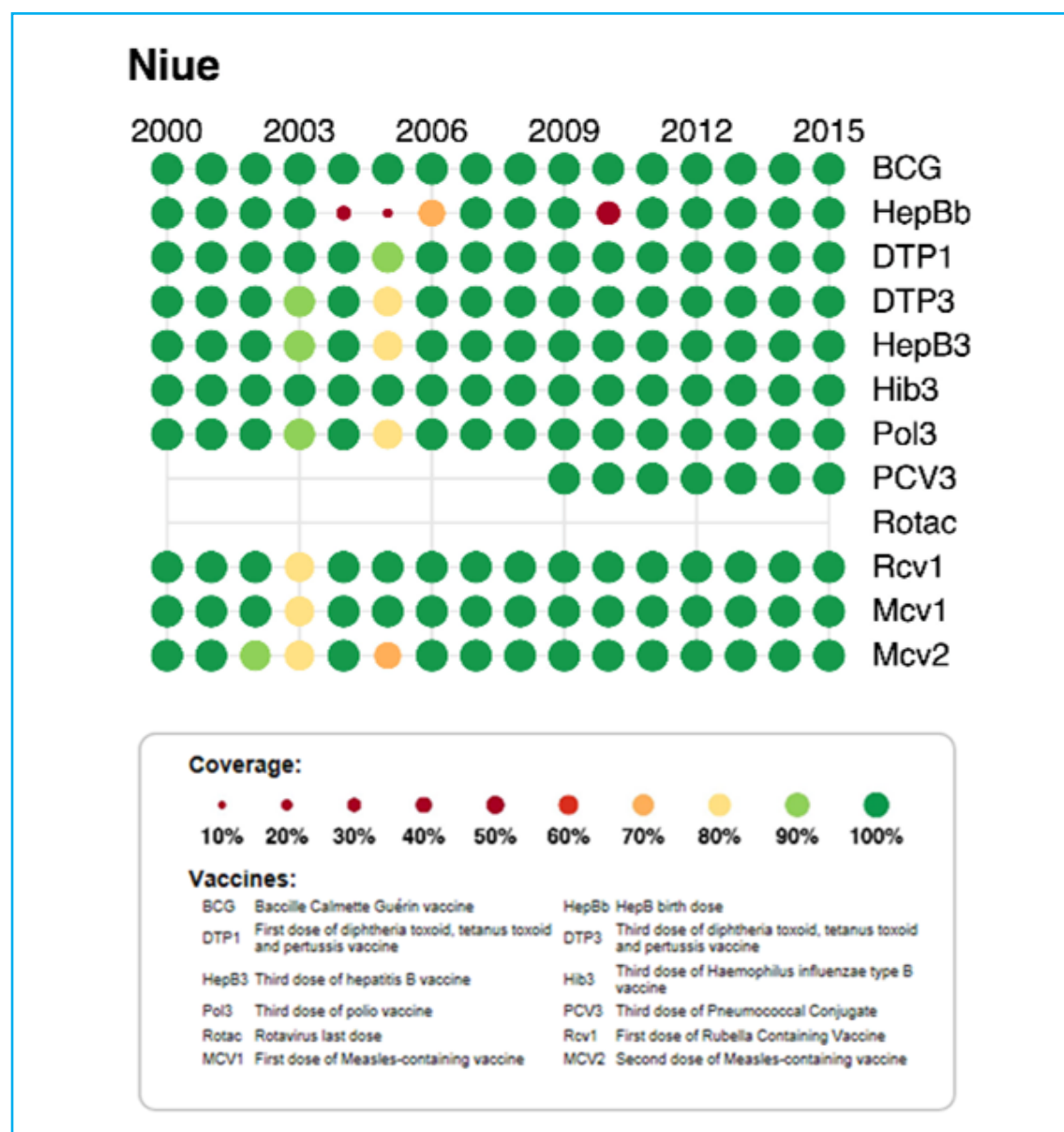
Vanuatu 2013 DHS data also suggest that immunization rates for basic vaccines (BCG, Diphtheria, Pertussis and Tetanus Vaccine [DPT], polio and measles) are slightly lower for female than male babies (30 per cent compared to 35 per cent), and that rates for male and female babies decrease for each subsequent child – from 47 per cent among first births to 10 per cent among sixth and later births. The data also suggest that children from households in Vanuatu's urban areas are more likely to have received all the basic vaccinations (44 per cent) than children in rural areas (28 per cent).¹²⁹

126 Tyson, S. and Clements. Op. cit. p.20.

127 Tyson, S. and Clements, J. Op. cit. p.21.

128 Ibid.

129 Vanuatu DHS Survey 2013. Page J. 131.

Figure 3.7: Immunization Coverage in Niue¹³⁰

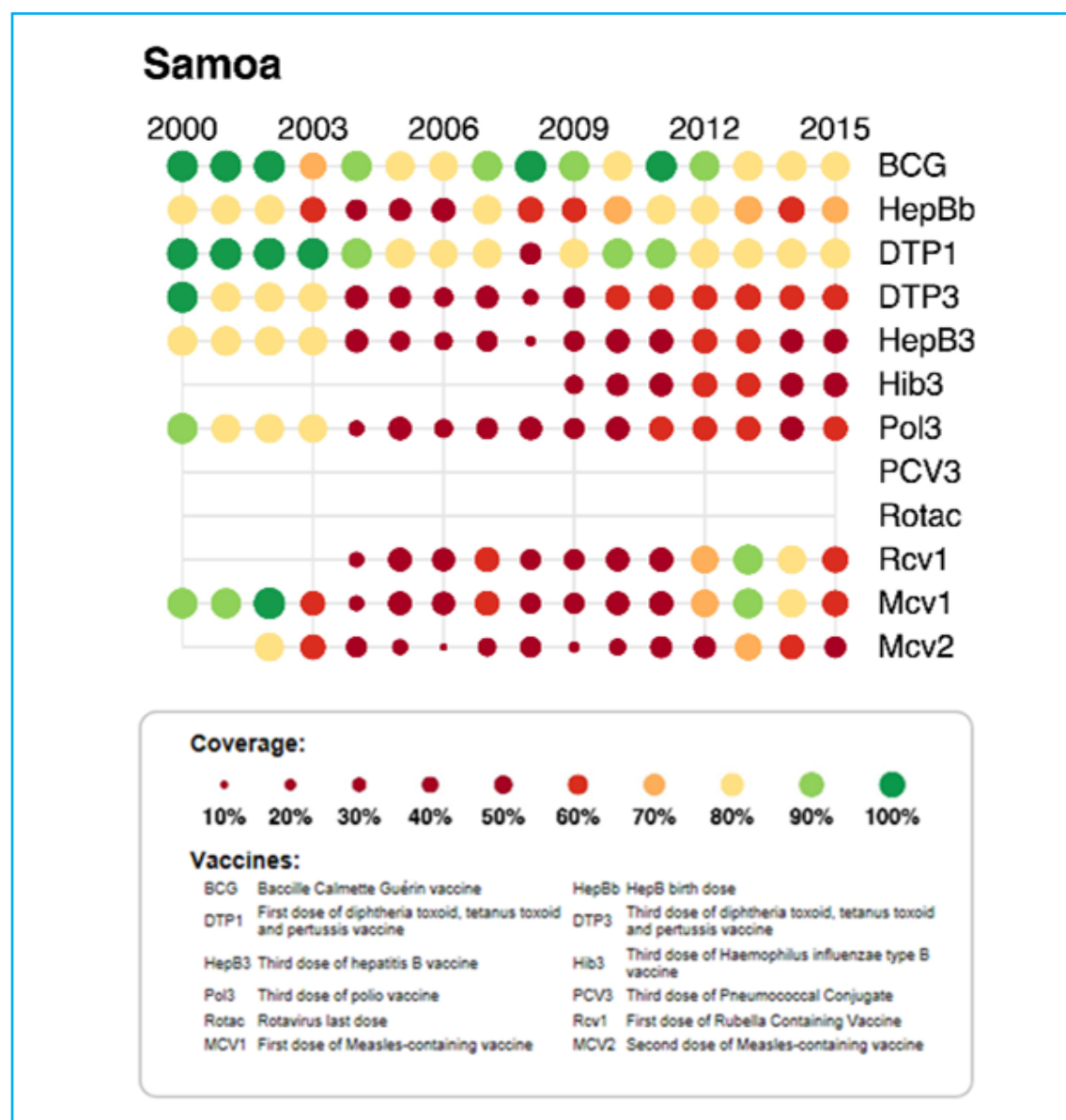
Source: WHO Global Health Observatory 2016

From a methodological perspective, it is difficult to establish the accuracy of reported immunization coverage rates. For example, recent PIC DHS data suggest much lower coverage than WHO Global Health Observatory estimates.¹³¹ According to a recent review of evidence on immunization in the PICTs, this can be explained by the differing data collection and collation methods.¹³²

¹³⁰ These WHO estimates are based on data officially reported to WHO and UNICEF by UN Member States, and data reported in the published and grey literature. WHO immunization coverage data are reviewed and the estimates updated annually. See <http://apps.who.int/gho/data/node.wrapper.immunization-cov?x-country=NIU> [25.04.17].

¹³¹ Tyson, S. and Clements, J. Op cit. p.7.

¹³² Ibid. For more information on how the WHO/UNICEF database collates immunization data from national authorities, see: <http://www.who.int/bulletin/volumes/87/7/08-053819/en/> [07.07.17].

Figure 3.8: Immunization coverage in Samoa

Source: WHO Global Health Observatory 2016

DG target 3.3 encourages all countries to eradicate tuberculosis (TB) by 2030.¹³³ Evidence suggests that the PICTs region has a long way to go to meet this target. However, an analysis of long-term trends suggests that the TB pandemic has stalled and may be retreating across the region (even though it is spreading in individual countries including Kiribati and RMI).¹³⁴ For example, a recent report analysing TB surveillance data from the Pacific region suggests that, since 2000, the

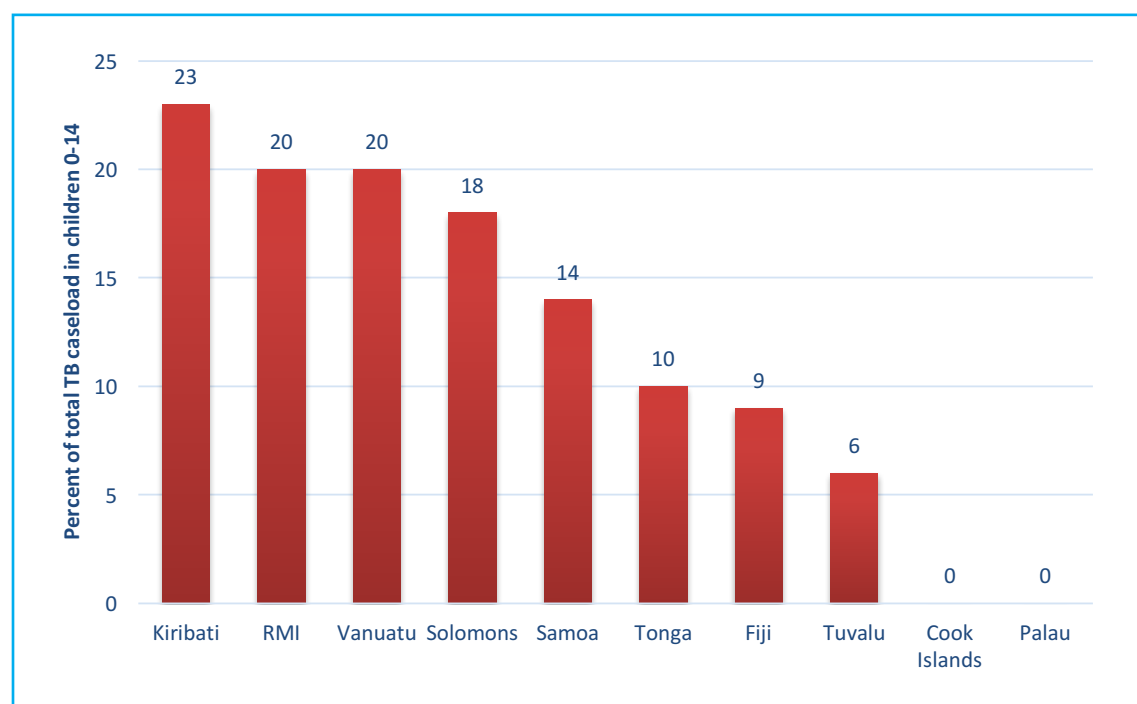
133 See <https://sustainabledevelopment.un.org/sdg3> [10.04.17].

134 Viney K. et al. 2015. The epidemiology of tuberculosis in the Pacific, 2000 to 2013. Western Pacific Surveillance and Response Journal, 6(3). <http://ojs.wpro.who.int/ojs/index.php/wpsar/article/view/295/529> [25.05.17].

average TB incidence rate has remained stable, and that average TB prevalence and TB mortality rates fell between 2000 and 2013 (by 20 and 47 per cent, respectively).¹³⁵

Fourteen PICTs reported age- and gender-disaggregated TB data to WHO in 2013, for 1,486 TB cases. Of these cases, slightly more were found in men (53 per cent) than in women. A relatively large proportion (17 per cent) was found in children aged below 15. Amongst the 10 PICTs providing age-disaggregated data, Kiribati, Vanuatu and RMI have the highest TB disease burden in children, reporting 20 per cent or more of their total TB caseload in children as of 2013 (see Figure 3.9).¹³⁶

Figure 3.9: Proportion of total TB caseload in children aged 0 to 14¹³⁷



Source: Viney et al. 2015

3.3. Maternal health

According to SDG 3.1, all countries should aim to reduce the maternal mortality ratio (MMR) to less than 70 per 100,000 live births by 2030. The latest UN-validated ('adjusted') MMR estimates from 2015 suggest an average MMR in the PICTs region of 84 maternal deaths per 100,000 live births, which means that the region is still a long way from reaching the SDG target (see Figure

¹³⁵ Ibid.

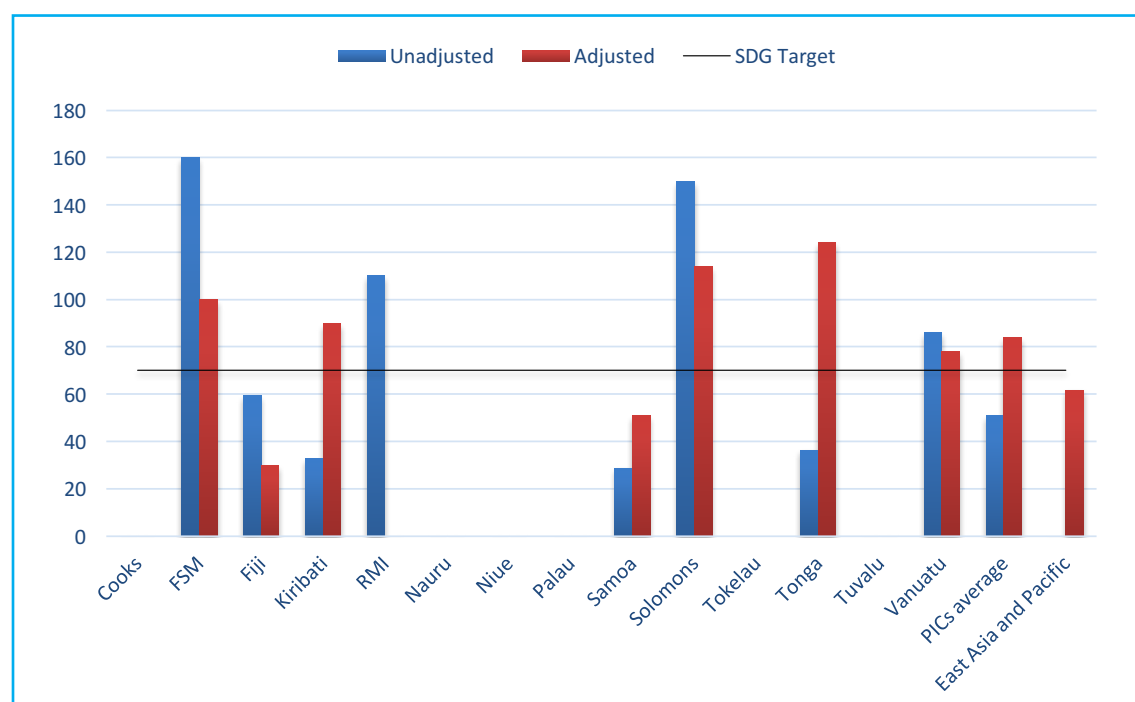
¹³⁶ Ibid.

¹³⁷ Viney, K et. al. Op. cit.

3.10).¹³⁸ However, it is important to note that UN-validated MMR estimates for the PICTs are based on data from only seven countries, and quite unstable, given that they are often based on a very small number of deaths per country per year.¹³⁹

Data on maternal deaths reported by national authorities cover a larger number of PICTs than the UN-validated data, but are prone to under-reporting and misclassification of maternal deaths. According to the unadjusted national MMR estimates summarised in the SOWC dataset, the average PIC MMR is 51 – much lower than the UN-validated MMR of 84 indicating that the region has already achieved SDG 3.1.¹⁴⁰

Figure 3.10: Adjusted and unadjusted MMRs (deaths per 100,000 live births) in 2015



Source: SOWC 2016

Ensuring access to adequate ante- and post-natal health care for mothers is crucial for reducing maternal mortality in the region.¹⁴¹ Under CRC Article 24(2)(d) and CRC General Comment (GC) No.15 paras 51-57, PICTs have an obligation to ensure appropriate ante- and post-natal health care for mothers.

¹³⁸ <https://data.unicef.org/topic/maternal-health/maternal-mortality/> and SOWC 2016 [03.03.17]. Note that the UN-validated estimates do not necessarily match the (unadjusted) MMR recorded in SOWC 2015, which is based on data reported by national authorities. The World Bank and the United Nations Population Fund (UNFPA) produce internationally comparable sets of maternal mortality data that account for the well-documented problems of under-reporting and misclassification of maternal deaths, and are therefore preferable.

¹³⁹ Ibid.

¹⁴⁰ SOWC 2016. Op. cit.

¹⁴¹ See e.g. <https://data.unicef.org/topic/maternal-health/antenatal-care/> [30.05.17].

Data suggests that coverage of ante- and post-natal health care in the PICTs is, on average, adequate, with significant room for improvement. The region-wide average for antenatal coverage for at least one visit stands at 90 per cent, which indicates that initial antenatal health care is accessible to the overwhelming majority of pregnant women (see Figure 3.11).¹⁴² Nevertheless, this figure is significantly below the wider regional average for East Asia and Pacific (95 per cent).¹⁴³

Average antenatal coverage for at least four visits is estimated at a much lower 69 per cent, suggesting coverage gaps in regular antenatal checks.¹⁴⁴ Again, the PIC-wide average is significantly below the wider East Asia and Pacific average of 82 per cent (see Figure 3.11).

The largest disparity between coverage for at least one visit and coverage for at least four visits is in Nauru (55 percentage points), while RMI and Fiji appear to have the smallest disparities (4 and 6 percentage points, respectively). Solomon Islands (74 per cent), Vanuatu (76 per cent) and FSM (80 per cent) are the three PICTs with the lowest antenatal coverage for at least one visit. Solomon Islands (65 per cent), Vanuatu (52 per cent), and Nauru (40 per cent) have the lowest antenatal coverage for at least four visits. Note, however, that data on antenatal coverage for at least four visits is missing for several PICTs. UN-validated estimates on coverage rates for post-natal health checks are also missing for all countries in the region.¹⁴⁵

Figure 3.11: Antenatal coverage (per cent) for at least one and four visits



Source: SOWC 2016

142 SOWC 2016. Op. cit.

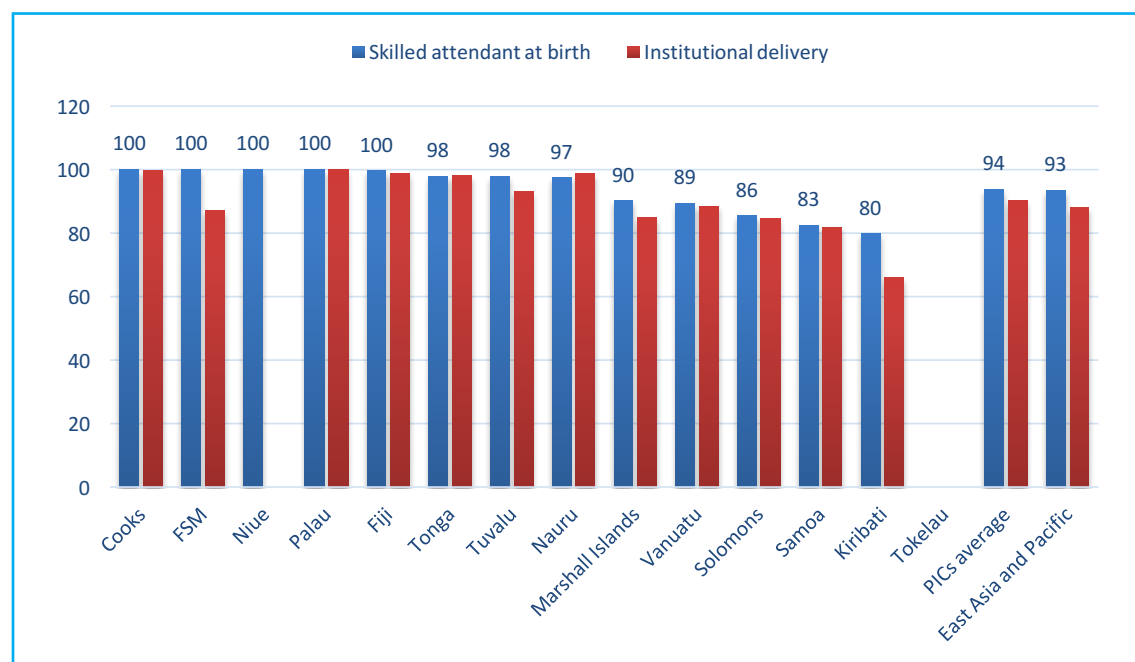
143 Ibid.

144 Ibid.

145 Ibid.

UN data suggest that an overwhelming majority of pregnant women in the PICTs give birth in the presence of a skilled health professional (94 per cent), and in a health facility (90 per cent).¹⁴⁶ In both cases, the PIC-wide average stands just above the wider regional average for East Asia and Pacific (93 per cent and 88 per cent, respectively).¹⁴⁷ However, these regional averages hide important disparities between countries in the region, with, for example, only 66 per cent of women delivering their baby in a health facility in Kiribati, compared to 100 per cent in the Cook Islands (see Figure 3.12).

Figure 3.12: Delivery care coverage (per cent)



Source: SOWC 2016

Significant disparities in relation to delivery care coverage also exist within countries. For example, in Kiribati, the PIC with the lowest delivery care coverage, women living in rural areas tend to have their first antenatal consultation visit much later than urban women, which may indicate that access to antenatal care is more difficult in rural areas.¹⁴⁸ The report also suggests that traditional birth attendants still play an important role in the delivery process, especially in Kiribati's Outer Islands, where they cater for estimated 10 per cent to 30 per cent of women.¹⁴⁹

According to UN data, Caesarean sections are carried out for about 9 per cent of births in the PICTs, which is significantly below the wider regional average of 28 per cent for East Asia and Pacific.¹⁵⁰

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

¹⁴⁸ UNICEF. Kiribati: Tracking Progress in Maternal and Child Survival. Op. cit. p. 14.

¹⁴⁹ Ibid. p. 19.

¹⁵⁰ SOWC 2016. Op. cit.

3.4. Violence against women and girls

Violence against women and girls (VAWG) is a key public health concern, which can lead to violent deaths either directly (through homicide) or indirectly, through suicide, maternal causes and HIV/AIDS. Furthermore, VAWG is an important cause of morbidity from multiple mental, physical, sexual and reproductive health outcomes, and linked with known risk factors, such as alcohol and drug abuse, smoking and unsafe sex. Violence during pregnancy is also associated with an increased risk of miscarriage, premature delivery and low birth weight.¹⁵¹

Available data on VAWG in the PICTs suggest that it is a significant problem. A recent review of survey data suggests that lifetime prevalence rates for physical and sexual violence (by intimate partners and non-partners) among Pacific Island women are between 60 per cent and 80 per cent¹⁵² (see Chapter 6 for a more detailed discussion of VAWG).

3.5. Adolescent health

The population of the PICTs is relatively young, with adolescents (aged 10 to 19) making up an average of 22 per cent of the total population¹⁵³ – significantly above the East Asia and Pacific regional average of 13 per cent.¹⁵⁴

3.5.1. Fertility and contraceptive use

Reducing fertility rates and increasing contraceptive use are critical issues facing many PICTs. In some cases, uncontrolled population growth may even pose a risk to fragile ecosystems. For example, Kiribati's National Framework for Climate Change and Climate Change Adaptation (2013) highlights the urgent need to reach a stable population of about 120,000 by 2025, which is estimated to be its maximum sustainable population size, on the basis of known and estimated land and water resources, and provided that effective climate change adaption measures are put in place.¹⁵⁵

Teenage pregnancies impact on young women's educational and economic prospects and those of their children, as children of teenage mothers tend to have poorer health and education outcomes. It is common for women in PICTs to have children at a relatively young age. For example,

151 WHO. 2011. Violence against women: an urgent public health priority. <http://www.who.int/bulletin/volumes/89/1/10-085217/en/> [30.06.17].

152 FSM.2014. Federated States of Micronesia Family Health and Safety Study. Available at: <http://countryoffice.unfpa.org/pacific/drive/FSMFHSSReportweb.pdf> [25.04.17].

153 SOWC 2016. Op. cit.

154 Ibid.

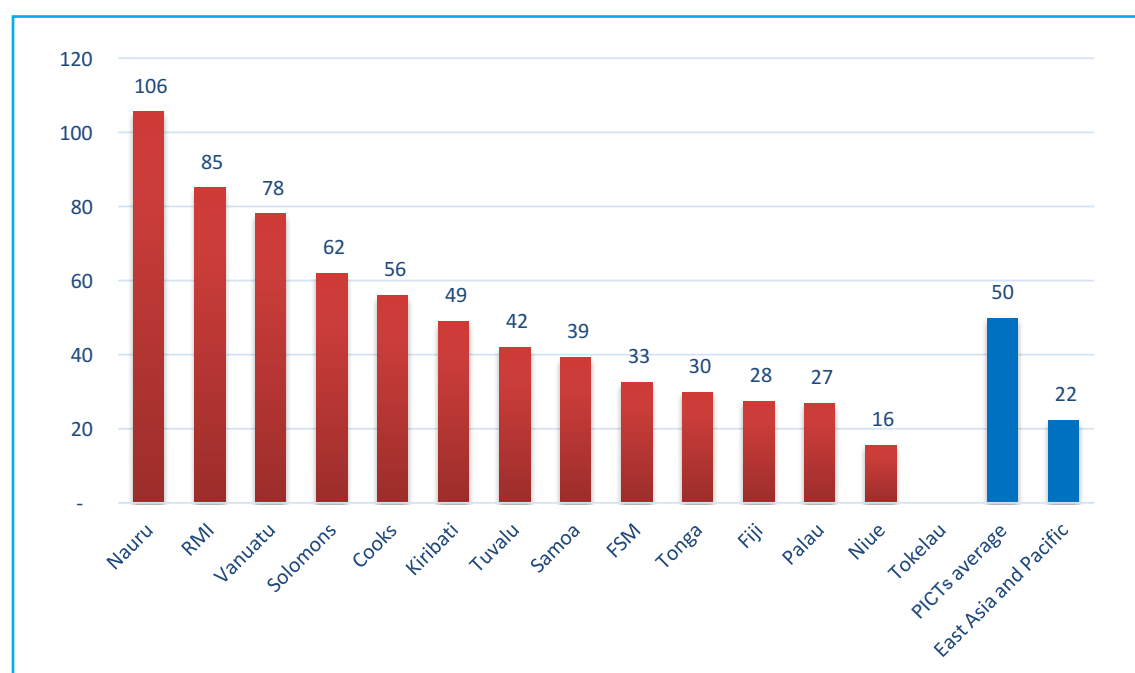
155 Republic of Kiribati. 2013. National Framework for Climate Change and Climate Change Adaptation. Available at: <http://www.president.gov.ki/wp-content/uploads/2014/08/National-Framework-for-Climate-Change-Climate-Change-Adaptation.pdf> [25.04.17].

SOWC 2016 data suggest that by 18, around 11 per cent of girls have become mothers.¹⁵⁶ Note, however, that data are missing for several countries, including Fiji, FSM, Palau, and the Cook Islands.¹⁵⁷

The average adolescent birth rate in the PICTs is estimated at 50 (births per 1,000 women aged 15 to 19), which is more than double the average for East Asia and Pacific of 22 as of 2015 (see Figure 3.13).¹⁵⁸ On a positive note, World Bank data reveal that the average adolescent fertility rate in the Pacific Island Small States has been decreasing continuously since the 1960s, when it stood at a very high 90/1,000.¹⁵⁹

Regional adolescent birth rate averages hide significant disparities between PICTs. For example, the Nauru estimated 106 births per 1,000 adolescent women drops to 16 in the small island nation of Niue (see Figure 3.13).¹⁶⁰

Figure 3.13: Adolescent birth rate (births per 1,000 women aged 15 to 19)



Source: SOWC 2016

Region-wide data on marriage rates amongst the adolescent population highlight significant inequity between genders. While the average percentage of men in this age group currently married

¹⁵⁶ SOWC 2016. Op. cit.

¹⁵⁷ Ibid.

¹⁵⁸ World Bank data <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=KI> [07.03.17].

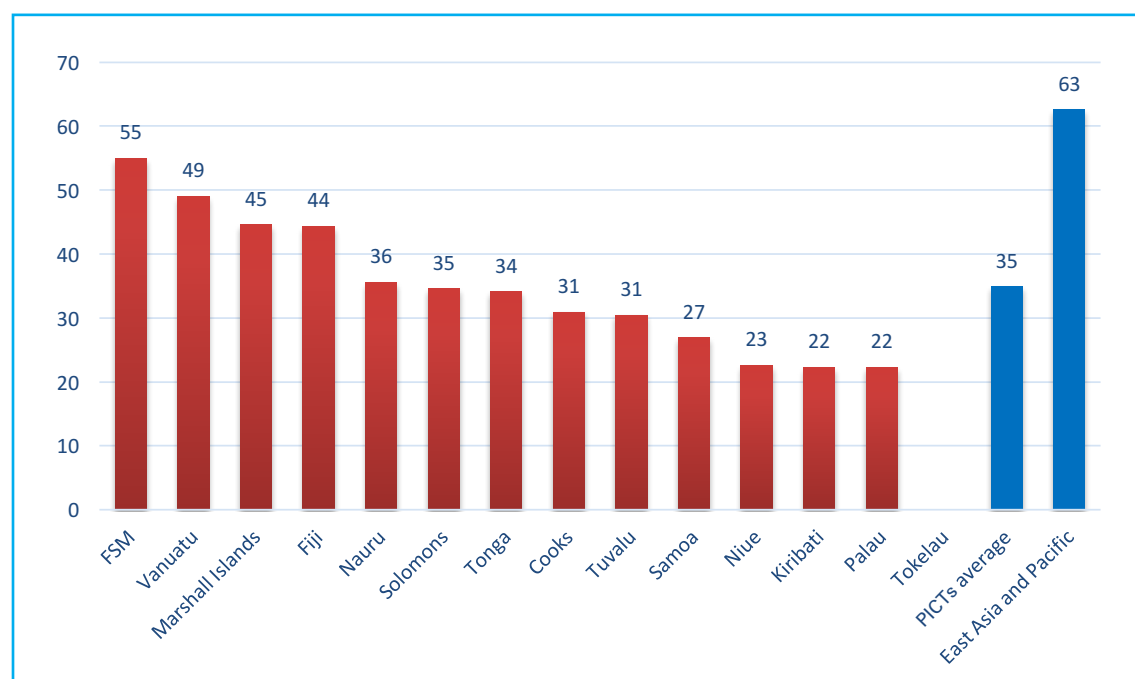
¹⁵⁹ The Pacific Island Small States group includes all PICTs except Cook Islands, Niue, and Tokelau. World Bank data. Ibid. [07.03.17].

¹⁶⁰ SOWC 2016. Op. cit.

or in union was an estimated 4 per cent, this rate triples to 12 per cent among women.¹⁶¹ The marriage rate for adolescent girls in the PICTs is also significantly higher than the wider regional average of 6 per cent for East Asia and Pacific.¹⁶² Research has shown that early marriage reduces the likelihood that married women will have equal decision-making power in relation to family planning and contraceptive use.¹⁶³

Estimated average contraceptive prevalence¹⁶⁴ in the PICTs is a low 34 per cent of the population, which is significantly below the East Asia and the Pacific regional average of 63 per cent (see Figure 3.14).¹⁶⁵ Estimated contraceptive prevalence also varies significantly *within* the PICTs, with FSM recording the highest prevalence (55 per cent), and Palau recording the lowest (22 per cent).

Figure 3.14: Contraceptive prevalence (per cent of women aged 15 to 49 using contraception) in the PICTs



Source: SOWC 2016

The relatively low contraceptive prevalence in many PICTs is frequently the result of both demand- and supply-side constraints. For example, a 2013 UNICEF report suggest that the supply of

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ See 'Getting the Evidence: Asia Child Marriage Initiative'. Available at: <https://plan-international.org/publications/getting-evidence-asia-child-marriage-initiative> [29.03.17].

¹⁶⁴ C The contraceptive prevalence is typically defined as the percentage of women of reproductive age who use (or whose partners use) a contraceptive method at any time. 'Reproductive age' usually refers to women aged 15 to 49. See e.g. <http://indicators.report/indicators/i-29/> [21.03.17].

¹⁶⁵ SOWC 2016. Op. cit.; the regional average excludes China.

contraceptives in Kiribati, the country with the second-lowest contraceptive prevalence in the region, is not reliable, because it experiences repeated stock-outs.¹⁶⁶ Demand-side factors also help to explain the low contraceptive prevalence in Kiribati. For example, 2009 DHS data suggest that only 50 per cent of all married women have a demand for family planning, whether met or unmet (dropping to 5 per cent for unmarried women).¹⁶⁷ The DHS data indicate that dominant social and religious norms are the main underlying factor suppressing demand for contraceptives amongst Kiribati's population. For example, amongst married women aged 15 to 49, the most commonly cited reason for not intending to use contraception was religion (29 per cent), followed by fear of side effects (11 per cent) and the desire to have as many children as possible (10 per cent).¹⁶⁸

Finally, social norms that stigmatise sexual activity amongst (un-married) adolescents may act as a barrier to accessing family planning services, especially in very small communities such as small island nations, where "there is little confidentiality in the health services, where everyone knows everyone, and young people can risk ridicule or beatings by asking for contraceptives."¹⁶⁹

3.5.2. HIV/AIDS and sexually transmitted infections

Data on the prevalence of HIV/AIDS and sexually transmitted infections (STIs) in the PICTs is extremely poor. However, evidence suggests that, whilst the disease burden of HIV/AIDS is currently low, the underlying behavioural risks for transmission of STIs are high, which raises concerns about potential future increases in HIV.

Regional NMDI data record HIV prevalence amongst pregnant women for all countries in the PICTs group (except Niue) at below 0.1 per cent.¹⁷⁰

UN-validated estimates are only available for Fiji, where HIV prevalence stood at 0.1 per cent as of 2014. According to the 2013 Global AIDS Progress Report from Fiji, there were about 1,000 individuals living with HIV in 2012.¹⁷¹ HIV prevalence amongst young people (aged 15 to 24) in Fiji was estimated at less than 0.1 per cent in 2013.¹⁷² Administrative data collated by the Fiji Ministry of Health indicates that in 2012 and 2013, the number of new HIV infections were 62 and 64, respectively. Compared to an average increase of 30 new HIV infections each year between 2000 and 2008, this indicates a worrying upward trend.¹⁷³

The little available data suggests that STIs are a significant problem in the PICTs. Regional NMDI data suggest that Chlamydia prevalence rates amongst pregnant women range from a

166 UNICEF. 2013. Kiribati: Tracking Progress in Maternal and Child Survival. Op. cit.

167 KNSO and SPC. 2009. Kiribati DHS. p. 107.

168 Ibid.

169 UNICEF Pacific Office, Fiji. 2005. Kiribati: A Situation Analysis of Children, Women and Youth. p. 50. Available at: https://www.unicef.org/pacificislands/Kiribati_Sitan.pdf [25.04.17].

170 NMDI data: https://www.spc.int/nmdi/sexual_health [30.05.17].

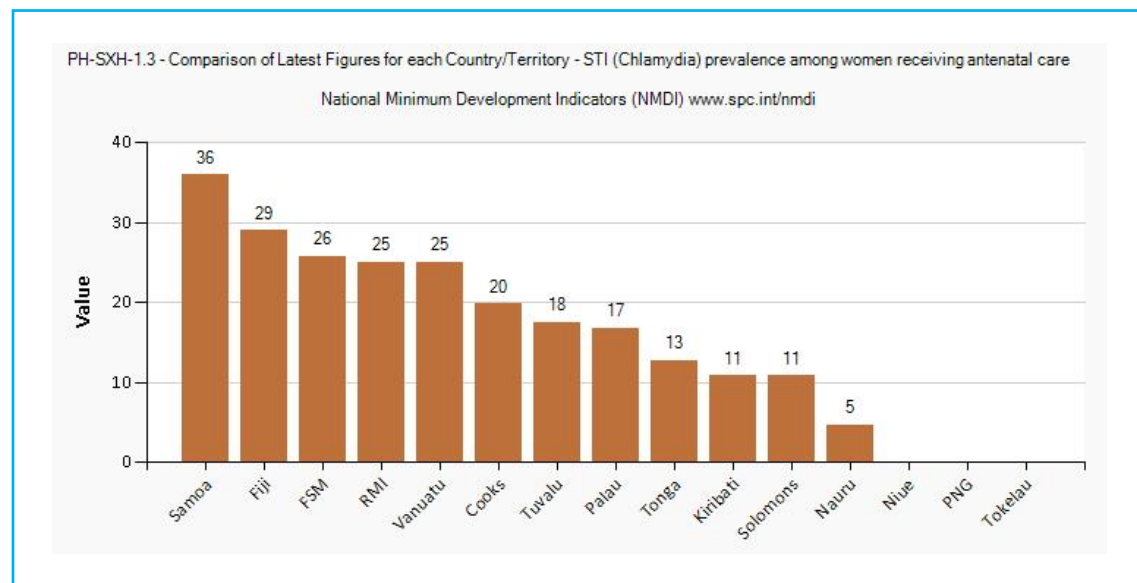
171 Fiji Global AIDS Response Progress Report 2013, http://files.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/FJI_narrative_report_2014.pdf [08.03.17], p. 28.

172 SOWC 2015.

173 Fiji Global AIDS Response Progress Report 2013. Op. cit. p. 6.

very high 36 per cent in Samoa to 5 per cent in Nauru. Based on this data, the average Chlamydia prevalence rate amongst pregnant women in the PICTs is around 19.5 per cent (see Figure 3.15).¹⁷⁴

Figure 3.15: Chlamydia prevalence amongst women receiving ante-natal care¹⁷⁵



Source: NMDI database

The relatively high STI prevalence rates in the PICTs raise concerns about potential future increases in HIV cases, as they indicate significant underlying behavioural risks for HIV transmission. Results from second generation surveillance surveys carried out in 2005 in Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu suggest several factors that make the PICTs region particularly vulnerable to the spread of HIV and STIs. These include limited knowledge about how HIV is transmitted, low rates of condom use (particularly among young people), high rates of multiple and casual partners, and commercial sex (in some settings).¹⁷⁶

3.5.3. Substance abuse

According to SDG target 3.5, all PICTs should strengthen the prevention and treatment of substance abuse, including narcotic drug and alcohol abuse. There is limited quantitative data on substance abuse amongst adolescents in the PICTs. The most important national-level data sources

¹⁷⁴ Note that data are not available for Niue and Tokelau. See https://www.spc.int/nmdi/sexual_health [30.05.17].

¹⁷⁵ Data are collated from national-level data sources, dating from 2004 to 2010. See https://www.spc.int/nmdi/sexual_health [30.05.17].

¹⁷⁶ WHO. Sexually transmitted infections, including HIV/AIDS South Pacific Situation Summary. Available at: http://www.wpro.who.int/southpacific/programmes/communicable_diseases/sexually_transmitted_infections/page/en/ [30.05.17].

are the Global School-based Health Surveys (GSHS) implemented between 2010 and 2016 in 11 of the 14 PICTs: the Cook Islands, Fiji, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.¹⁷⁷

The GSHS data suggest that alcohol consumption is very common amongst the under-age (under-18) population. For example, according to 2011 GSHS data from Kiribati, 66 per cent of pupils aged 13 to 15 reported consuming alcohol before the age of 14.¹⁷⁸ In Nauru, an even higher proportion (74 per cent) of pupils aged 13 to 15 reported consuming alcohol before the age of 14.¹⁷⁹

Evidence from all 11 GSHS suggests that current alcohol use amongst school children is a major problem. On average, around 20 per cent of all school children reported consuming alcohol on at least one day in the previous month.¹⁸⁰ Current alcohol use prevalence rates were found to be particularly high in Samoa and Kiribati, where more than one-in-three school children had consumed alcohol at least once during the 30 days before the survey (see Figure 3.16).¹⁸¹ These rates are worryingly high, especially because estimates based on GSHS data are likely to underestimate the true prevalence of alcohol consumption amongst under-aged respondents, as legal prohibitions and social desirability bias prevents some respondents from accurately reporting their drinking behaviour.

In most countries that implemented the GSHS, alcohol consumption was found to be significantly higher amongst boys than girls. Gender differences in alcohol abuse prevalence may be attributed to underlying social norms, according to which young women are expected not to drink.¹⁸²

Tobacco use is the only risk factor common to all four main non-communicable diseases (NCDs)¹⁸³ in the region, and exacerbates virtually all other NCDs.¹⁸⁴ As with alcohol consumption, tobacco use appears to be very common amongst youth in the PICTs. A recent overview of existing evidence on tobacco smoking in the Pacific Islands¹⁸⁵ identified gender differences in smoking prevalence, finding that more than 25 per cent of male students aged 13 to 15 were current smokers, compared to over 15 per cent of female students.¹⁸⁶ Smoking prevalence among school children appears particularly high in Samoa, Tonga, FSM, and Kiribati (see

177 <http://www.who.int/chp/gshs/factsheets/en/> [30.05.17].

178 http://www.who.int/chp/gshs/2011_GSHS_FS_Kiribati.pdf?ua=1 [30.05.17].

179 http://www.who.int/chp/gshs/Nauru_GSHS_FS_2011.pdf?ua=1 [30.05.17].

180 Data compiled from 11 GSHS factsheets. Available at: <http://www.who.int/chp/gshs/factsheets/en/> [30.05.17]. GSHS data were collected from 13- to 15-year-old school children between 2010 and 2016.

181 Ibid.

182 See e.g. Republic of Kiribati. 2011-2015. National Youth Policy. p. 17. Available at: http://www.youthpolicy.org/national/the_PICTs_2011_National_Youth_Policy.pdf [12.04.17]

183 The four main NCDs are: Diabetes, Cardiovascular disease, Cancer, Chronic respiratory disease. See World Bank and Pacific Possible: Health & non-communicable diseases. Available at <http://pubdocs.worldbank.org/en/942781466064200339/pacific-possible-health.pdf> [21.03.17]

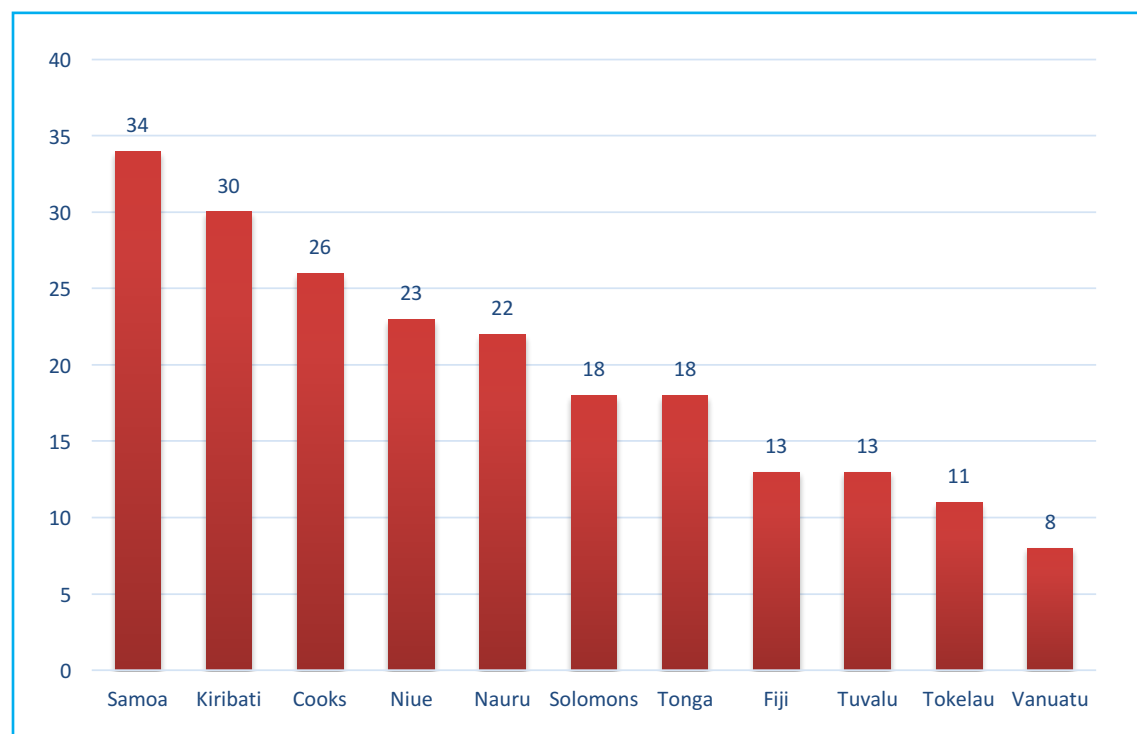
184 Ibid.

185 Note that this regional analysis also included American Samoa, Northern Mariana Islands, Guam, New Caledonia, and Papua New Guinea.

186 Kessaram T, McKenzie J, Girin N, Roth A, Vivili P, Williams G, et al. 2015. Tobacco Smoking in Islands of the Pacific Region, 2001–2013. *Prev Chronic Dis* 2015; 12:150155. DOI: <http://dx.doi.org/10.5888/pcd12.150155> [30.05.17]. The male average is based on data from 11 countries, whereas the female average is based on data from 13 countries.

Figure 3.17). While boys were, on average, more likely to smoke tobacco, smoking prevalence in Nauru appears higher amongst girls, making it an outlier in the region.¹⁸⁷ Note however, that confidence intervals are not reported for Nauru and that prevalence rates may fluctuate heavily due to the small population.¹⁸⁸

Figure 3.16: Current alcohol consumption prevalence (per cent) amongst school children aged 13 to 15



Source: GSHS 2010-2016

Evidence suggests that many children in the PICTs begin smoking at a very early age. For example, in seven countries for which GSHS data are available, over half of students who had ever smoked cigarettes began before the age of 14. Early initiation rates were particularly high in Nauru and the Cook Islands, with over 90 per cent of students beginning before the age of 14.¹⁸⁹

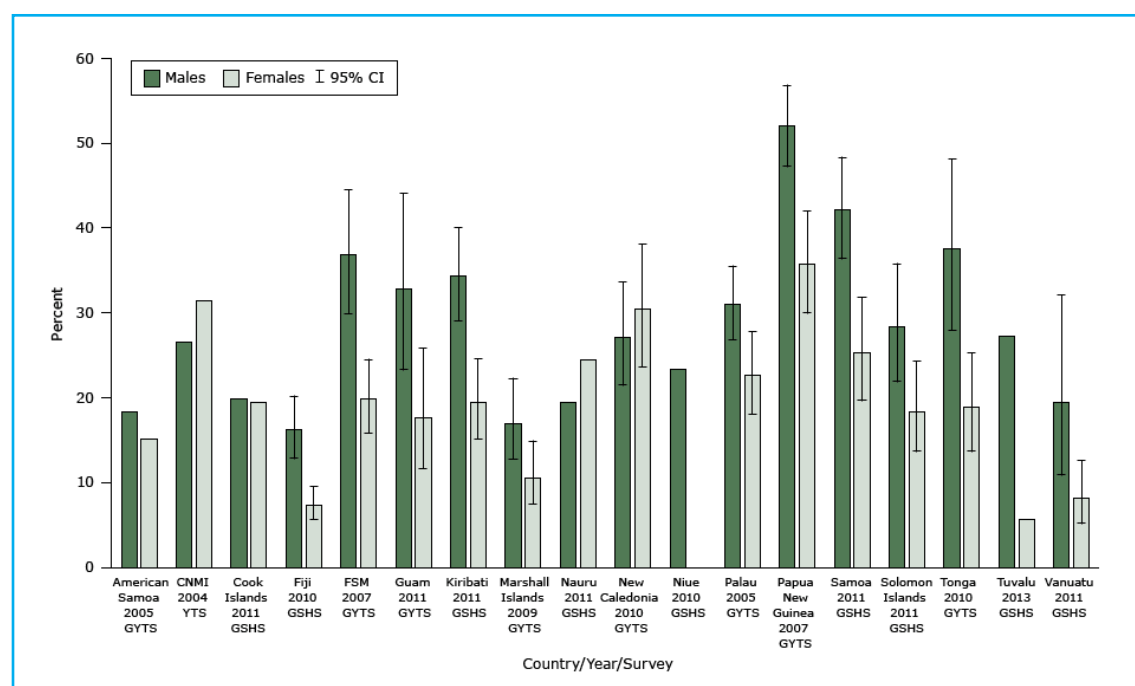
The high prevalence of tobacco use amongst adolescents can be partly attributed to dominant social norms that encourage such behaviour. For example, in Kiribati, tobacco use has deep socio-cultural roots, as the gift of tobacco (*Mweaka*) is a key part of spiritual beliefs in the Outer Islands, and in more urbanised areas, *Mweaka* is still considered polite.¹⁹⁰

¹⁸⁷ Ibid. Note that confidence intervals are not reported.

¹⁸⁸ Ibid.

¹⁸⁹ Kessaram T. et. al. Op. cit.

¹⁹⁰ Republic of Kiribati. 2011-2015. National Youth Policy. Op. cit. p. 17.

Figure 3.17: Current smoking prevalence amongst 13- to 15-year-olds¹⁹¹

Source: Kessaram et al. 2015

3.5.4. Mental health

According to WHO, the majority of PICTs have outdated, fragmented or restricted mental health laws, and national mental health policies are either non-existent or outdated.¹⁹²

The health information systems in most PICTs do not allow the precise quantification of the prevalence of mental disorders (in the general or adolescent population). The lack of quantitative data on mental health in the Pacific region has been highlighted in several recent situation analyses conducted by the WHO mental health programme.¹⁹³ However, evidence suggests that adolescent mental health is an area of concern, and suicide rates, in particular, are high in some PICTs.

The GSHS surveys collect limited information about adolescent mental health, including on attempted suicide.¹⁹⁴ For example, data from 10 of 14 PICTs indicate that, on average, around 25 per cent of school children aged 13 to 15 had attempted suicide during the previous 12 months.

191 'Current smoking' refers to smoking within the previous 30 days. Abbreviations: CI, confidence interval; CNMI, Commonwealth of the Northern Mariana Islands; FSM, Federated States of Micronesia. Sources: Global Youth Tobacco Surveys (GYTS), Youth Tobacco Survey (YTS), and Global School-Based Student Health Surveys (GSHS) conducted between 2004 and 2013.

192 http://www.who.int/mental_health/policy/country/pimhnet/en/ [31.05.17].

193 WHO. Country Profiles: Mental Health in Development (WHO proMIND). Geneva, World Health Organization. Available at: http://www.who.int/mental_health/policy/country/countrysummary/en/ [31.05.17].

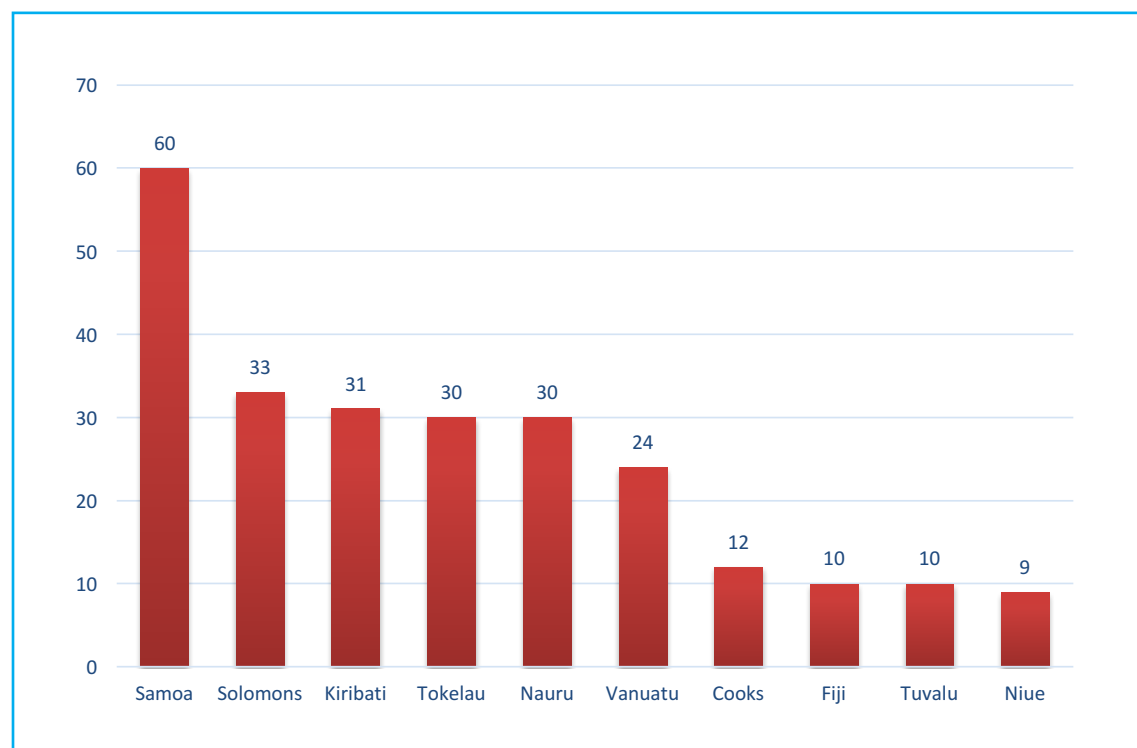
194 The GSHS collected data on attempted suicides amongst school children aged 13 to 15 in 10 of the 14 PICTs. The 2010 Tonga GSHS Factsheet does not present data on attempted suicide. See http://www.who.int/chp/gshs/2010_GSHS_FS_Tonga.pdf?ua=1 [31.05.17].

The data did not reveal statistically significant differences between boys and girls in relation to attempted suicide.¹⁹⁵

Importantly, the 25 per cent regional average hides significant differences between individual PICTs. Figure 3.18 shows that attempted suicide prevalence rates amongst school children aged 13 to 15 range from a very high 60 per cent in Samoa to 9 per cent in Niue.

Beyond the GSHS, there appears to be little quantitative data on mental health problems amongst adolescents and children in the PICTs. Little is known, for example, about the mental health problems of out-of-school youth or children in conflict with the law.

Figure 3.18: Attempted suicides (per cent) amongst school children aged 13 to 15¹⁹⁶



Source: GSHS 2010-2016

Evidence on mental health issues amongst the general (adult) population suggests that mental disorders are a major health burden in PICTs. For example, a 2015 study suggests that mental and

¹⁹⁵ Note that some GSHS Factsheets do not report confidence intervals. See <http://www.who.int/chp/gshs/factsheets/en/> [31.05.17].

¹⁹⁶ 'Attempted suicide prevalence' refers to the percentage of students who actually attempted suicide once or more during the previous 12 months.

substance use disorders were the leading cause of disability in the Pacific region,¹⁹⁷ accounting for 22 per cent of all years lived with a disability, as of 2010. The study also estimates that major depressive disorder is responsible for the largest proportion of disability in the Pacific.¹⁹⁸

A number of recent situation analyses on mental health (conducted by WHO in 7 of 14 PICTs)¹⁹⁹ suggest that health professionals in the region receive very minimal training on mental health issues, and that mental health services are, on average, inadequately funded.²⁰⁰ According to WHO, a significant milestone for improving human resource capacity in the region was the establishment in 2012 of the Fiji National University Post-Graduate Diploma in Mental Health.²⁰¹

A 2015 study on mental health service requirements in the Pacific region²⁰² projects that the disability-related disease burden of mental disorders will increase by 74 per cent between 2010 and 2050, taking into account population growth.²⁰³ As a result, the authors estimate a mental health workforce requirement of more than 1,300 across all provider types and countries (see Table 3.2). Note, however, that regional projections include populous PNG, where a large proportion of required mental health workers are concentrated (90 psychiatrists, 100 psychologists and 500 nurses).²⁰⁴

Table 3.2: Mental health workforce requirements for the Pacific region, years 2010 and 2050²⁰⁵

| | Target FTE 2010 | Target FTE 2050 | Increase |
|----------------------|-----------------|-----------------|----------|
| Provider type | | | |
| Psychiatrist | 169 | 276 | 106 |
| Medical officer | 220 | 354 | 134 |
| Nurses | 957 | 1,547 | 590 |

197 Countries included in this study are: American Samoa, the Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, FSM, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, PNG, Pitcairn, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna Islands.

198 Charlson et al. 2015. The Rising Tide of Mental Disorders in the Pacific Region: Forecasts of Disease Burden and Service Requirements from 2010 to 2050. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/app5.93/full> [30.05.17].

199 WHO Country Profiles (WHO proMIND) were compiled for the Cook Islands, Fiji, Niue, Kiribati, RMI, Tokelau, and Vanuatu. See http://www.who.int/mental_health/policy/country/countrysummary/en/ [30.05.17].

200 WHO. 2013. Profile on mental health in development (WHO proMIND): Republic of the PICTs. Geneva, World Health Organization, 2013. Available at: http://apps.who.int/iris/bitstream/10665/85307/1/9789241505673_eng.pdf [10.04.17].

201 Charlson et al. Op. cit.

202 Countries included in this study are: American Samoa, the Cook Islands, Fiji, French Polynesia, Guam, Kiribati, RMI, FSM, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, PNG, Pitcairn, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna Islands.

203 Charlson et al. Op. cit.

204 Ibid.

205 Psychosocial providers include social workers and occupational therapists.

| | Target FTE 2010 | Target FTE 2050 | Increase |
|---------------------|-----------------|-----------------|--------------|
| Psychologist | 187 | 304 | 117 |
| Psychosocial | 317 | 514 | 197 |
| Other primary care | 303 | 488 | 186 |
| Total | 2,153 | 3,483 | 1,330 |
| Service type | | | |
| Outpatient care | 927 | 1,480 | 1,330 |
| Psychosocial care | 221 | 363 | 142 |
| Inpatient care | 1,005 | 1,640 | 634 |
| Total | 2,153 | 3,483 | 1,330 |

Source: Charlson et al. 2015

3.6. Nutrition

SDG 2.2 encourages States to end all forms of malnutrition by 2030, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children aged under 5 (the 'WHO Global Nutrition Targets'), and addressing the nutritional needs of adolescent girls, pregnant and lactating women and older persons.²⁰⁶

According to the WHO Global Nutrition Targets, PICTs should, by 2025, aim to: achieve a 40 per cent reduction in the number of children under 5 who are stunted; achieve a 50 per cent reduction of anaemia in women of reproductive age; achieve a 30 per cent reduction in low birth weight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breast-feeding in the first 6 months to at least 50 per cent; and reduce and maintain childhood wasting to less than 5 per cent.²⁰⁷

206 <https://sustainabledevelopment.un.org/sdg2> [10.04.17].

207 <http://www.who.int/nutrition/global-target-2025/en/> [02.03.17].

WHO Global Nutrition Targets

| | Targets | Indicators |
|----------|--|--|
| 1 | By 2025, achieve a 40 per cent reduction in the number of children under-5 who are stunted | Prevalence of stunting (low height-for-age) in children under 5 years of age |
| 2 | By 2025, achieve a 50 per cent reduction of anaemia in women of reproductive age | Percentage of women of reproductive age (15-49 years of age) with anaemia |
| 3 | By 2025, achieve a 30 per cent reduction in low birth weight | Percentage of infants born with low birth weight (< 2,500 grams) |
| 4 | By 2025, ensure that there is no increase in childhood overweight | Prevalence of overweight (high weight-for-height) in children under 5 years of age |
| 5 | By 2025, increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent | Percentage of infants less than 6 months of age who are exclusively breast fed |
| 6 | By 2025, reduce and maintain childhood wasting to less than 5 per cent | Prevalence of wasting (low weight-for-height) in children under 5 years of age |

3.6.1. Child stunting and wasting

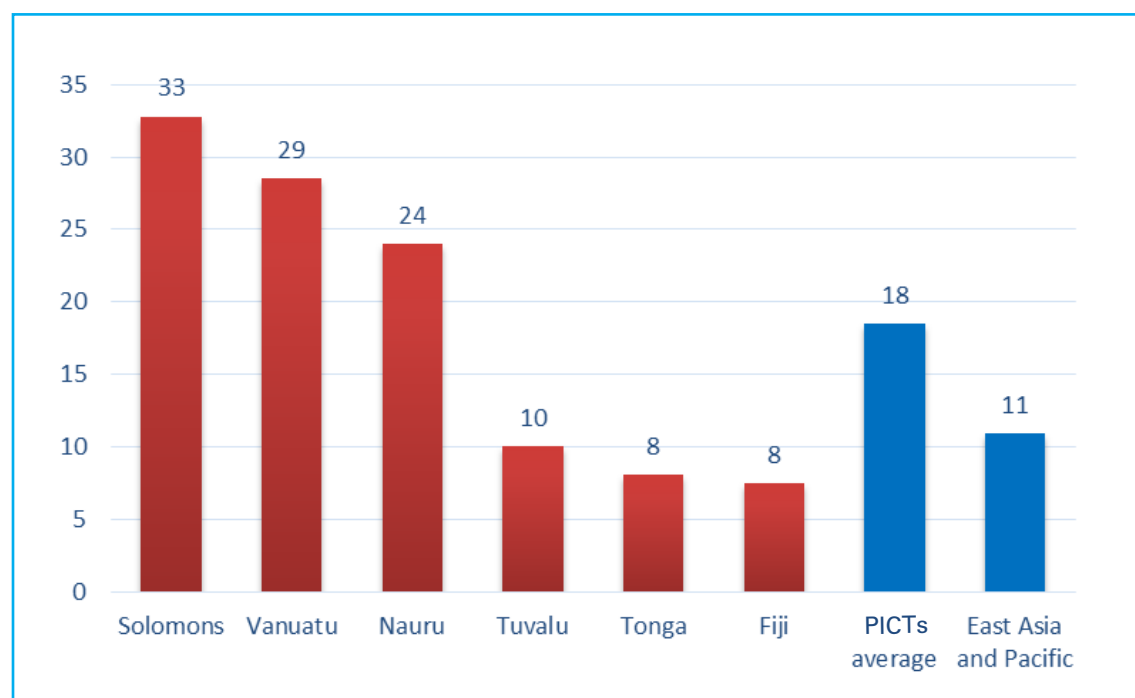
There are no up-to-date UN estimates of child stunting and wasting rates for around half of the PICTs, which represents a significant data gap.²⁰⁸

Information from 6 of 14 PICTs suggests that childhood stunting (short height for age, or 'chronic malnutrition') is a major problem and that prevalence rates significantly exceed those for the wider East Asia and Pacific region. Based on data from Fiji, Nauru, Solomon Islands, Tonga, Tuvalu, and Vanuatu, childhood stunting²⁰⁹ affects an estimated 18 per cent of under-5-year-olds in the PICTs region, which compares very unfavourably to the wider regional average of 11 per cent in East Asia and Pacific.²¹⁰ Note, however, that the regional average hides important differences between countries. For example, in Solomon Islands an estimated 33 per cent of all children under 5 are stunted, dropping to 8 per cent in Fiji and Tonga (see Figure 3.19).

208 SOWC 2016. Op. cit.

209 Figures refer to moderate and severe childhood stunting.

210 SOWC 2016. Op. cit.

Figure 3.19: Stunting prevalence (per cent) in under-5-year-olds

Source: SOWC 2016

Significant disparities in childhood stunting rates also exist within countries, for example, between rural and urban areas, and between poor and wealthy households. Based on data from Fiji, Nauru, Solomon Islands, Tonga, Tuvalu and Vanuatu, the average stunting rate in rural areas is 19 per cent compared to 13 per cent in urban areas.²¹¹ Similarly, prevalence is significantly higher amongst households in the poorest wealth quintile (28 per cent) than those in the richest (16 per cent).²¹² These disparities were found to be particularly pronounced in Solomon Islands and Vanuatu.²¹³ Based on data from the 2013 Vanuatu DHS, stunting was more likely amongst boys aged under 5 (32 per cent) than girls (24 per cent).²¹⁴ Similar evidence on gender-disaggregated stunting rates was found in the DHS data from Solomon Islands, but it is not available for many PICTs.²¹⁵

Childhood wasting (low weight for height, or ‘acute malnutrition’) appears less prevalent in the PICTs region. Based on data from Fiji, Nauru, Solomon Islands, Tonga, Tuvalu and Vanuatu, wasting²¹⁶ is estimated to affect only around 4 per cent of under-5-year-olds, which is equivalent to the wider average for East Asia and Pacific.²¹⁷ Again, the regional average hides significant disparities between countries (see Figure 3.20).

²¹¹ Ibid.

²¹² Ibid.

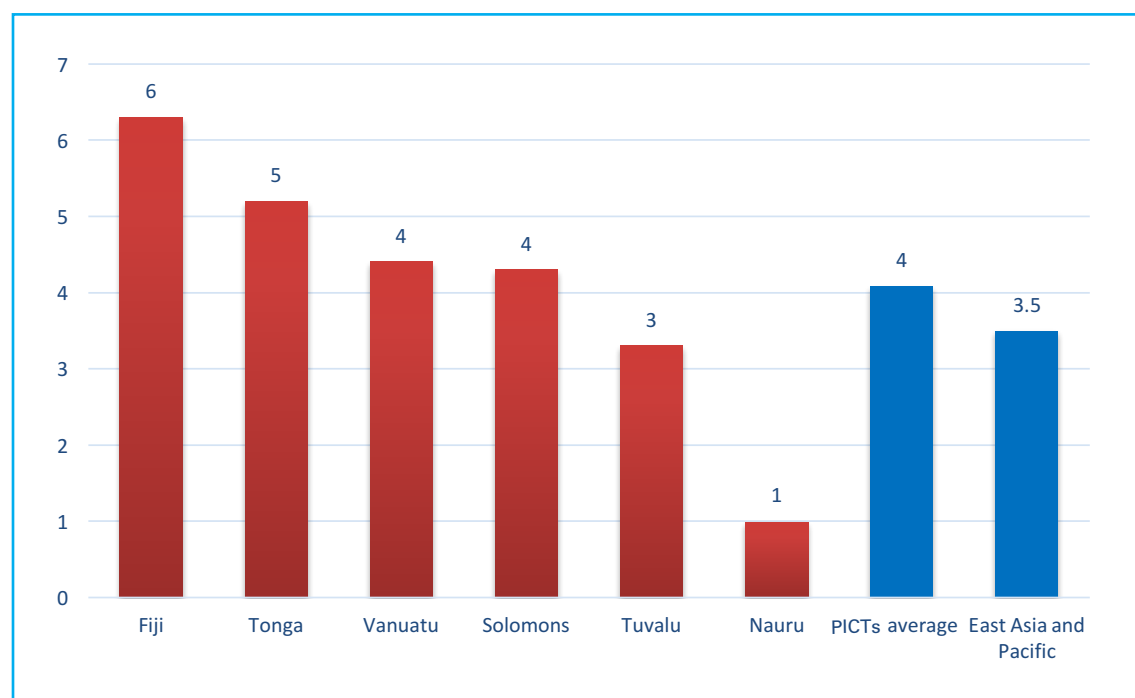
²¹³ Ibid.

²¹⁴ Vanuatu DHS, 2013, p.148.

²¹⁵ Solomon Islands DHS 2015, p.183: <https://sdd.spc.int/en/news/latest-news/134-solomon-islands-dhs-main-report-2015> [10.07.17].

²¹⁶ Figures refer to moderate and severe childhood wasting.

²¹⁷ SOWC 2016. Op. cit.

Figure 3.20: Wasting prevalence (per cent) in under-5-year-olds

Source: SOWC 2016

3.6.2. Anaemia

Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths,²¹⁸ and increases the risk of blood loss at delivery and postpartum haemorrhage.²¹⁹ The nutritional status of the mother during pregnancy and lactation can also impact on the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birth-weight babies, who also have an increased risk of dying.²²⁰ De-worming and iron supplementation can be effective in reducing anaemia in pregnant women and children.²²¹

Data on anaemia prevalence in children and women in the Pacific region are limited and frequently outdated. However, evidence suggests that anaemia affects a large proportion of children and women. According to 2011 WHO estimates for 11 countries in the Oceania region,²²² the prevalence rate of anaemia in pregnant women aged 15 to 49 years was a high 29 per cent, which

218 Black et al. 2008. Maternal and child undernutrition: global and regional exposures and health consequences.

219 K4Health. Anaemia Prevalence, Causes, and Consequences. <https://www.k4health.org/toolkits/anemia-prevention/anemia-causes-prevalence-impact>

220 Ibid.

221 WHO. 2011. The Global Prevalence of Anaemia in 2011. http://apps.who.int/iris/bitstream/10665/177094/1/9789241564960_eng.pdf [31.05.17]. p. 5.

222 Ibid. The 11 countries included in the Oceania regional averages are: Australia, New Zealand, Fiji, PNG, Solomon Islands, Vanuatu, Kiribati, RMI, FSM, Samoa, and Tonga. Countries for which data are not available are: Nauru, Palau, the Cook Islands, Niue, and Tuvalu.

constitutes a serious public health concern.²²³ Nevertheless, the Oceania average compares favourably to the global average, which was estimated at 38 per cent as of 2011.²²⁴

Anaemia prevalence amongst non-pregnant women of reproductive age (15 to 49) in the Oceania region was estimated at 19.5 per cent as of 2011, compared to the global average of 29 per cent. Anaemia in pre-school children aged 6 to 59 months in the same region was an estimated 26 per cent as of 2011, which is lower than the global average of 42.6 per cent.²²⁵

These figures should be treated with caution, as they are based on very small proportions of the target population (e.g., only 5 per cent of the target population of children aged 6 to 59 months; and only 16 per cent of women of reproductive age). These limitations lead to very large confidence intervals around the anaemia prevalence point estimates.²²⁶

3.6.3. Low birth weight and underweight

Low birth weight²²⁷ is closely associated with foetal and neonatal mortality and morbidity, and inhibited growth and cognitive development, as well as chronic diseases later in life.²²⁸ The most recent UN-validated data suggest that, on average, 12 per cent of children in the PICTs region are born with low birth weight, which is just below the global average of 16 per cent.²²⁹ However, it is important to highlight that the regional average hides significant differences *between* countries in the PICTs in relation to low birth weight prevalence. Figure 3.21 shows variation in the prevalence of low birth weight from 27 per cent in Nauru to only 6 per cent in Tuvalu.²³⁰

Nauru's very high prevalence of low birth weight is a factor contributing to its relatively high child mortality rates (see section 3.1).²³¹ Nauru DHS data from 2007 indicate that the likelihood that a child will be born with low birth weight increases significantly if the mother: is in the lowest wealth quintile (39 per cent), has her fourth or fifth child (38 per cent), or smokes tobacco (29 per cent).²³²

223 Ibid.

224 Ibid.

225 Ibid. p. 17.

226 Ibid.

227 WHO defines low birth weight as weight at birth of less than 2,500 grams (5.5 pounds), see <http://apps.who.int/iris/bitstream/10665/43184/1/9280638327.pdf> [31.05.17].

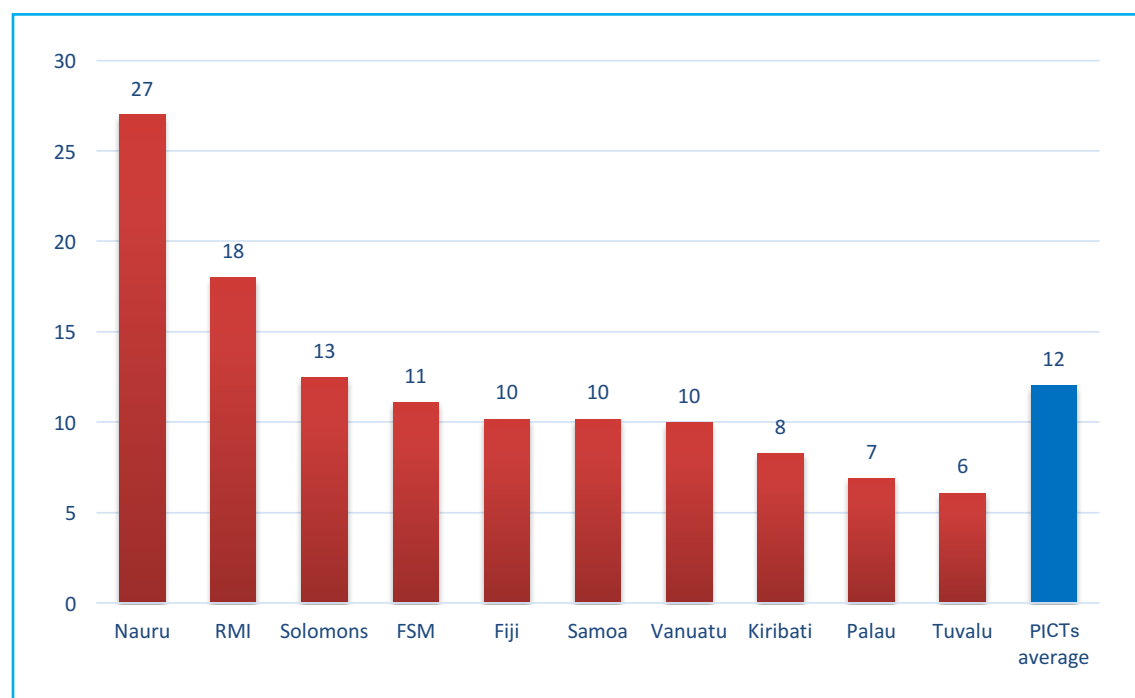
228 UNICEF and WHO, Low Birthweight: Country, regional and global estimates. UNICEF, New York, 2004. p. 1.

229 SOWC 2016. Op. cit. Note that data are not available for the Cook Islands, Niue, Tonga or Tokelau. The global average excludes China.

230 Ibid.

231 FAO. 2014. Nauru - Food and Nutrition Security Profiles. http://www.fao.org/fileadmin/templates/rap/files/nutrition_profiles/DI_Profile_-_Nauru_280714.pdf [26.04.10].

232 Nauru DHS 2007 report, p. 114.

Figure 3.21: Low birth weight prevalence (per cent)²³³

Source: SOWC 2016

In contrast to low birth weight, underweight in children aged under 5 appears less prevalent in PICTs. However, the unavailability of data on childhood underweight for many PICTs makes it difficult to establish accurate prevalence figures. Based on UN-validated data from 7 of 14 PICTs,²³⁴ the average prevalence of underweight in children is 7 per cent, which is just above the average of 5 per cent for East Asia and Pacific.²³⁵ Figure 3.22 shows that childhood underweight prevalence rates vary significantly in the PICTs, from a relatively high 15 per cent in Kiribati, to only 2 per cent in Tonga and Tuvalu.²³⁶

3.6.4. Obesity

According to a recent secondary analysis of the 2010 Global Burden of Disease Study, NCDs are the leading causes of ill-health and death in the Pacific Islands.²³⁷ The World Bank estimates that NCDs account for 70 per cent to 75 per cent of all deaths in the Pacific Islands, with trends pointing

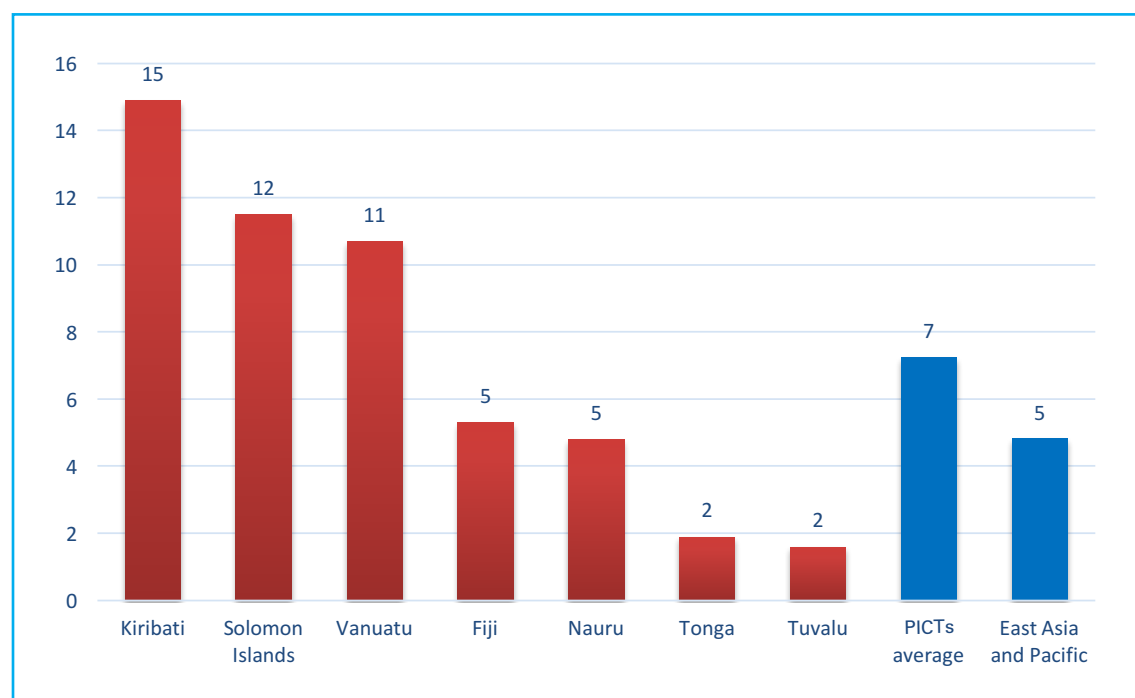
²³³ An average for East Asia and Pacific is not provided in the SOWC 2016 database.

²³⁴ UN data on childhood underweight are missing for the Cook Islands, FSM, RMI, Niue, Palau, Samoa and Tokelau.

²³⁵ SOWC 2016. Op. cit.

²³⁶ Ibid.

²³⁷ In addition to the 14 PICTs, the analysis includes: American Samoa, French Polynesia, New Caledonia, Guam, Northern Mariana Islands, Pitcairn Islands, PNG, and Wallis and Futuna. See Hoy et al. 2014. Findings and Implications of the Global Burden of Disease 2010 Study for the Pacific Islands. Available at: https://www.cdc.gov/pcd/issues/2014/13_0344.htm [31.05.17].

Figure 3.22: Underweight prevalence (per cent) in under-5-year-olds

Source: SOWC 2016.

to the situation worsening.²³⁸ WHO has stated that the disease burden of NCDs has reached crisis level in the region,²³⁹ with many PICTs witnessing almost epidemic rises in diabetes and chronic kidney disease.²⁴⁰ Many NCDs are directly related to overweight and obesity, and behavioural risk factors such as lack of physical activity and unhealthy diets are amongst the main underlying causes of NCDs.²⁴¹ A 2016 World Bank publication attributes the dramatic increase in the disease burden of obesity-associated NCDs to changing diets, a heavy reliance on imported processed foods, an increased use of tobacco and alcohol, and limited public understanding of the associated health risks.²⁴² The change in diet from traditionally consumed fish and fruits to highly processed imported foods, including biscuits, noodles, and high-fat products such as turkey tails and mutton flaps, is identified as a key factor contributing to obesity levels, particularly when combined with increasingly sedentary lifestyles.²⁴³ In addition,

238 World Bank. 2014. <http://www.worldbank.org/en/news/feature/2014/07/11/pacific-islands-non-communicable-disease-roadmap> [31.05.17].

239 WHO. Non-communicable diseases in the Pacific http://www.wpro.who.int/southpacific/programmes/healthy_communities/noncommunicable_diseases/page/en/ [31.05.17].

240 See e.g. Institute of Health Metrics. 2010. Global Burden of Disease Study 2010. Kiribati Profile. Available at: http://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_kiribati.pdf [20.03.17].

241 World Bank and Pacific Possible. 2016. Health & non-communicable diseases. Op. cit. [26.04.17].

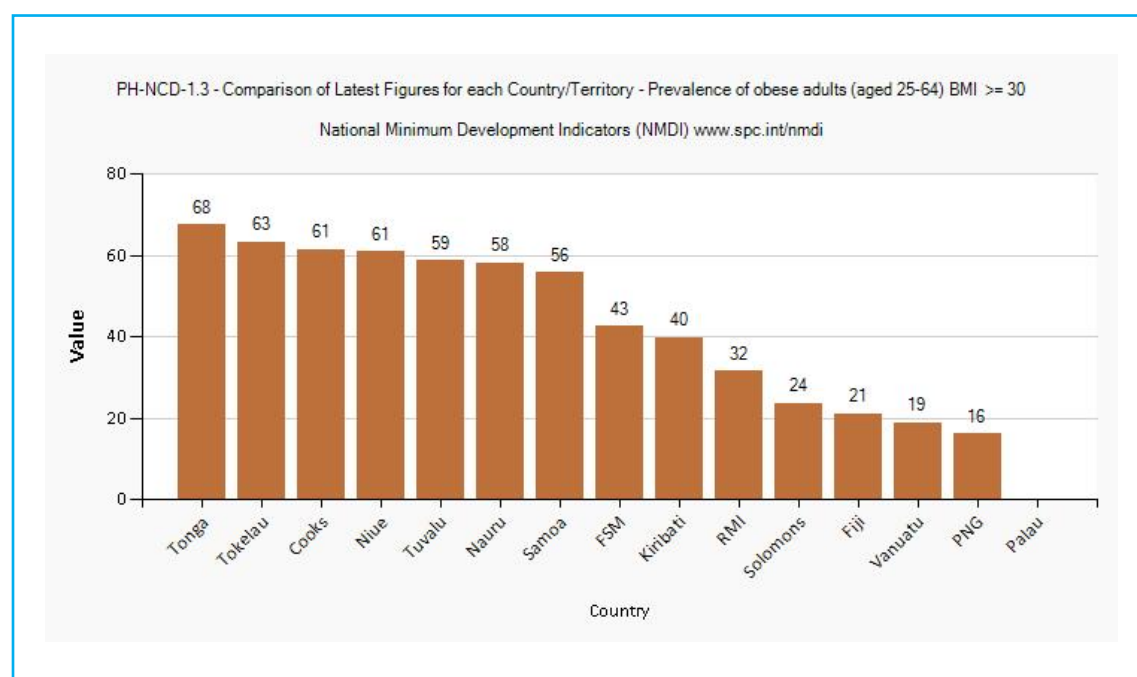
242 Ibid.

243 Ibid. p. 20.

the region has seen a move away from the production of healthy agricultural produce,²⁴⁴ which is, especially in Nauru, strongly linked a lack of arable land.²⁴⁵ Lastly, cultural preferences and established norms for larger body sizes (which are considered symbolic of higher status, hierarchy and beauty) amongst some Pacific Islanders may also contribute to high rates of obesity.²⁴⁶

The 2016 World Bank report suggests that the top seven most obese countries in the world are in the Pacific region.²⁴⁷ NMDI data suggest that, on average, 47 per cent of the adult population in the PICTs²⁴⁸ are obese (Body Mass Index > 30).²⁴⁹ Figure 3.23 shows that obesity prevalence in the adult population (aged 25 to 64) ranges from 68 per cent in Tonga to 19 per cent in Vanuatu.²⁵⁰ In all PICTs, rates are significantly above the global average of 13 per cent.²⁵¹

Figure 3.23: Obesity prevalence (per cent) in adults aged 25 to 64



Source: NMDI

244 See e.g. Taylor, M. et al. 2016. Vulnerability of Pacific Island agriculture and forestry to climate change. SPC and AusAid. Available at: <http://www.spc.int/wp-content/uploads/2016/12/Vulnerability-of-Pacific-Island-agriculture-and-forestry-to-climate-change.pdf> [10.07.17].

245 In Nauru there are only about 4 km² of fertile land, much of which is taken up by residential housing. See FAO 2008: <http://ftp.fao.org/OSD/CPF/Country%20NMTPF/Nauru/Status/NMTPF%20nauru.pdf> [26.04.17].

246 See e.g. Sundborn, G. 2010. *Overweight and obesity prevalence among adult Pacific peoples and Europeans in the Diabetes Heart and Health Study (DHAHS) 2002–2003*, Auckland New Zealand. The New Zealand Medical Journal, Volume 123 Number 1311.

247 World Bank and Pacific Possible. 2016. Op. cit.

248 This average includes PNG and excludes Palau, for which data are missing.

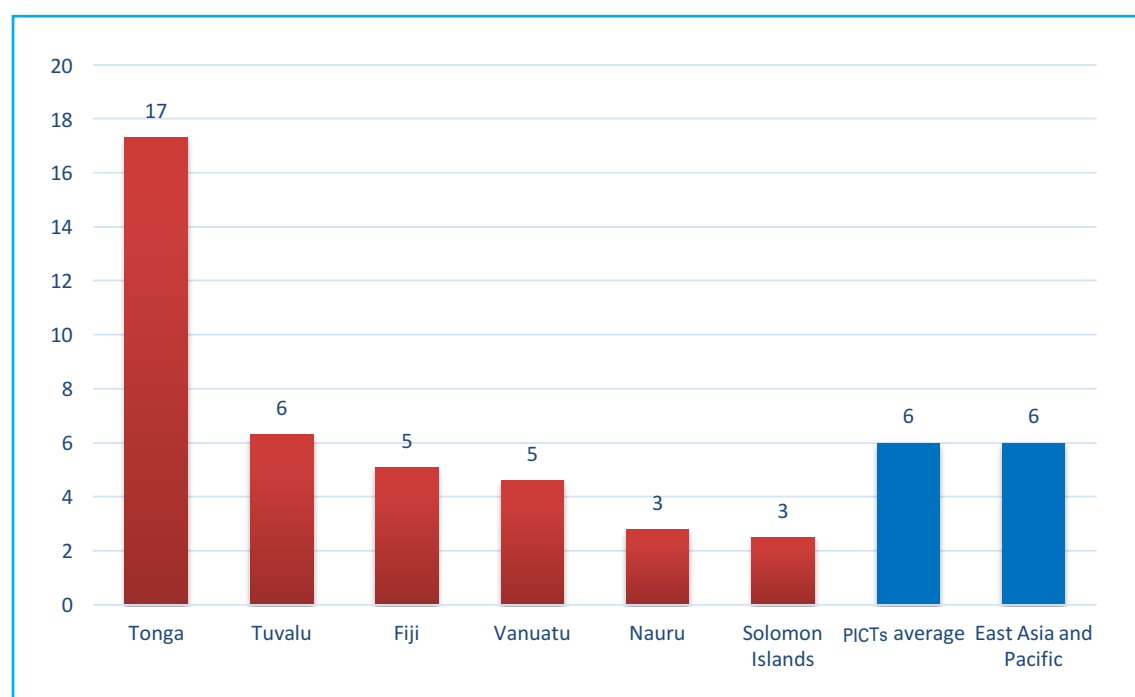
249 Data for Palau are not available. See <https://www.spc.int/nmdi/ncds> [31.05.17].

250 Ibid.

251 WHO Factsheet on obesity and overweight. <http://www.who.int/mediacentre/factsheets/fs311/en/> [31.05.17].

Up-to-date estimates of overweight and obesity prevalence in children and adolescents are more limited than those for the adult population, and based primarily on Global School-based Health Survey (GSHS) and DHS data. According to the most recent UN-validated estimates, around 6 per cent of children aged under 5 are overweight, which is comparable to the regional average for East Asia and Pacific (see Figure 3.25).²⁵² Note, however, that the PIC-wide average is likely to underestimate the true prevalence of overweight in children, as the figure is only based on data from six countries, most of which are at the lower end of the adult obesity prevalence (see Figure 3.24).²⁵³ In the PICTs group, overweight prevalence rates range from a very high 17 per cent in Tonga, to a much lower 3 per cent in Nauru and Solomon Islands (see Figure 3.24).

Figure 3.24: Overweight prevalence (per cent) in under-5-year-olds



Source: SOWC 2016

Evidence from 10 GSHS surveys²⁵⁴ implemented in PICTs between 2010 and 2015 suggests that obesity amongst school children is relatively prevalent on average, and that rates vary significantly between countries (see Figure 3.25). On average, 16 per cent of all school children aged 13 to 15 were obese.²⁵⁵ Obesity prevalence rates in school children were particularly high in the Cook Islands and Niue, where more than one-in-three were found to be above two standard deviations

252 SOWC 2016. Op. cit. This includes moderately and severely overweight children aged 0 to 59 months, who are above 2 standard deviations from median weight-for-height according to WHO Child Growth Standards.

253 Evidence suggests that obese children are more likely to become obese adults. See e.g. <https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health> [01.06.17].

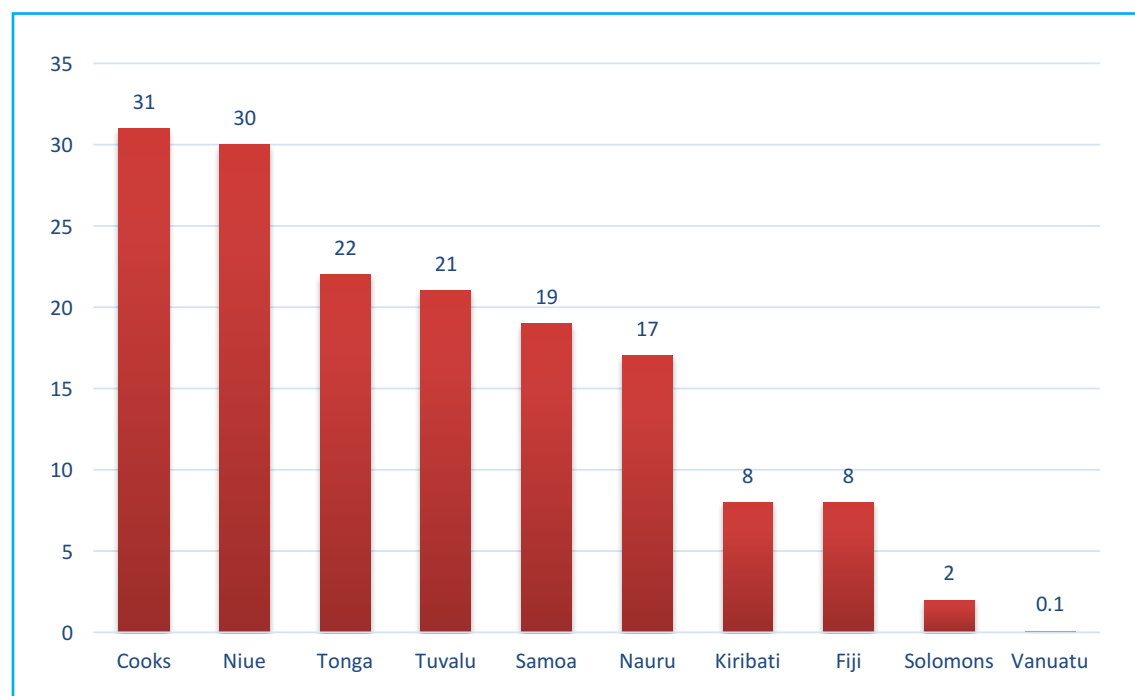
254 The GSHS implemented in Tokelau in 2014 did not include information on obesity. See <http://www.who.int/chp/gshs/2014-GSHS-Tokelau-fact-sheet.pdf?ua=1> [31.05.17].

255 GSHS data were collected from 13 to 15-year-old school children between 2010 and 2016. Data were compiled from 10 GSHS factsheets. Available at: <http://www.who.int/chp/gshs/factsheets/en/> [30.05.17].

from the median for Body Mass Index for their age group and gender.²⁵⁶ In contrast, only 2 per cent of school children in Solomon Islands were found to be obese, and only 0.1 per cent of school children were found to be obese in Vanuatu (see Figure 3.25).

The GSHS data shows that there is no statistically significant difference in obesity prevalence amongst female school children and male school children.²⁵⁷ This contrasts with findings for the adult population in the PIC region, which are generally higher amongst women than men.²⁵⁸

Figure 3.25: Obesity prevalence in school children aged 13 to 15²⁵⁹



Source: GSHS 2010-2016

3.6.5. Breastfeeding

WHO recommends that infants are exclusively breastfed for the first six months of life to achieve optimal growth, development and health.²⁶⁰ Breastfeeding is relatively widespread in the PICTs. According to the most recent UN estimates, 55 per cent of children²⁶¹ receive exclusive breastfeeding for the first 6 months after birth, which is 5 percentage points above the 50 per cent WHO

256 Ibid.

257 Ibid. Note that confidence intervals are not always reported.

258 See ADB. 2016. Gender Statistics: The Pacific and Timor-Leste p. 19. <https://www.adb.org/sites/default/files/publication/181270/gender-statistics-pacific-tim.pdf> [30.05.17].

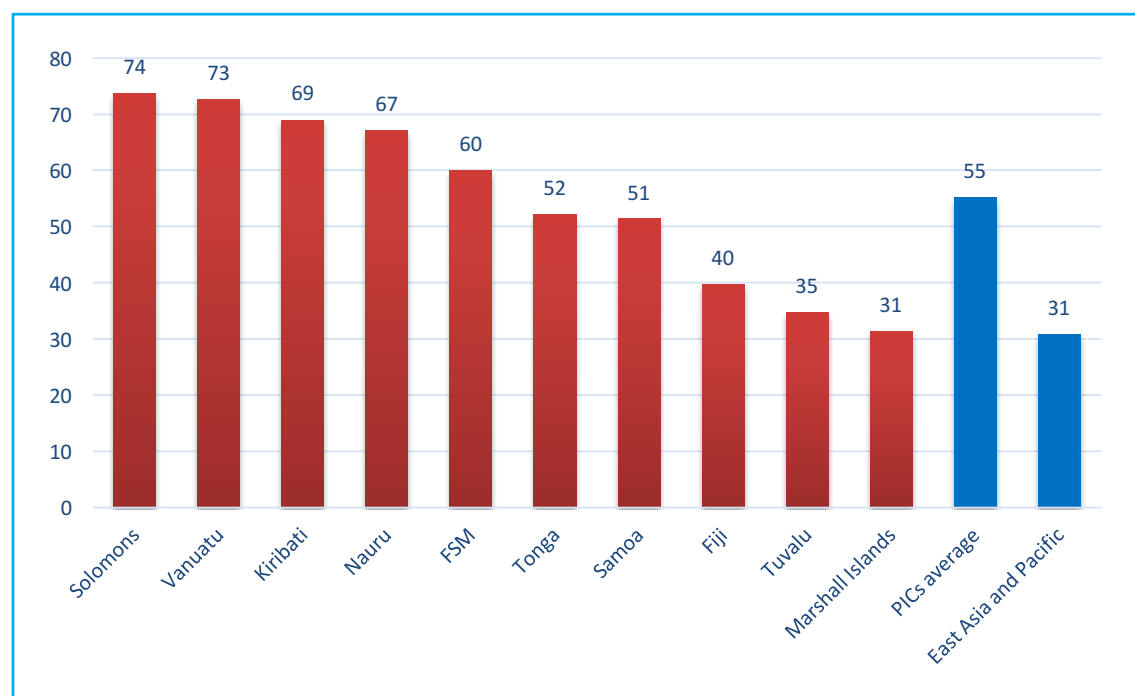
259 GSHS data were collected from 13 to 15-year-old school children between 2010 and 2016. Op. cit.

260 WHO. Early initiation of breast feeding to promote exclusive breast feeding. http://www.who.int/elena/titles/exclusive_breastfeeding/en/ [13.04.17].

261 Data are missing for the Cook Islands, Niue, Palau, and Tokelau.

Global Nutrition Targets for 2025, and significantly above the East Asia and Pacific average of 31 per cent.²⁶² Exclusive breastfeeding prevalence ranges from a very high 74 per cent in Solomon Islands to 31 per cent in RMI (see Figure 3.26).

Figure 3.26: Exclusive breastfeeding prevalence (per cent)



Source: SOWC 2016

SOWC 2016 data also suggest that, on average, 59 per cent of children in the PICTs²⁶³ are still (either exclusively or non-exclusively) breastfed at the age of 2, which compares favourably with the East Asia and Pacific average of 24 per cent.²⁶⁴ There is a lack of data on the introduction of solid, semi-solid and soft foods at 6 to 8 months after birth for all PICTs (except Vanuatu).²⁶⁵

Early initiation of breastfeeding (within one hour of birth) ensures that infants receive colostrum ('first milk'), which is rich in protective factors, and recommended by WHO.²⁶⁶ Most recent UN-validated estimates suggest that, on average, 69 per cent of infants²⁶⁷ are breastfed within one hour of birth, which compares very favourably with the East Asia and Pacific average of 44 per cent. However, early initiation rates vary significantly within the PICTs, from a very high 88 per cent in Samoa to only 15 per cent in Tuvalu (see Figure 3.27).

262 SOWC 2016. Op. cit.

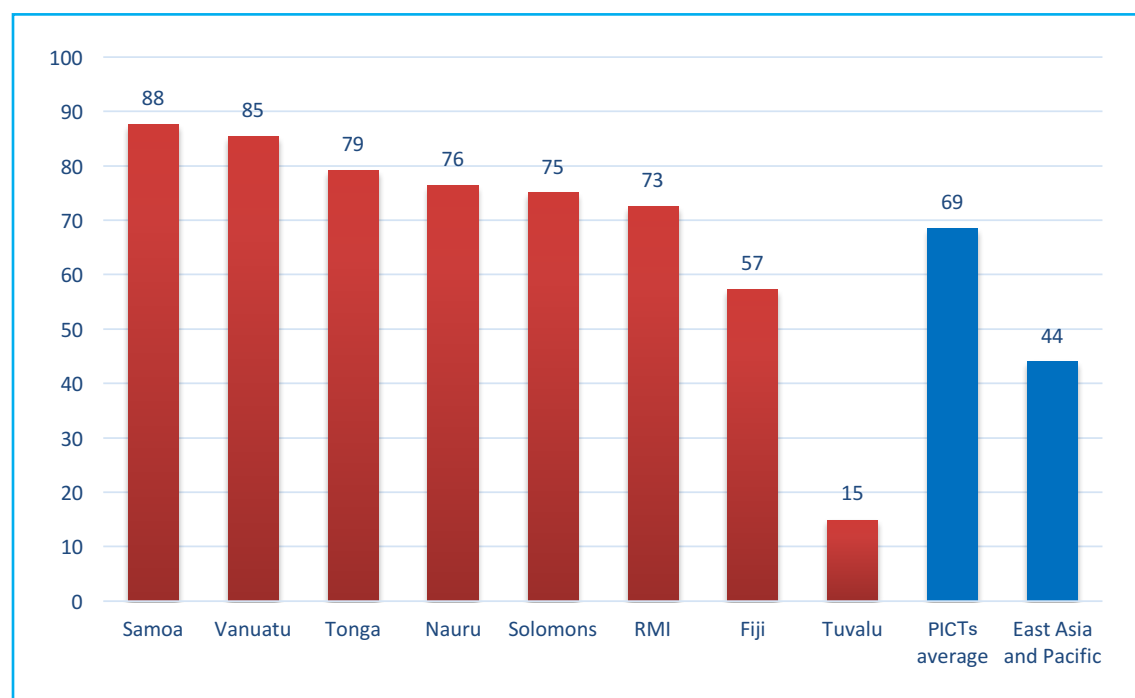
263 Data are missing for FSM, Fiji, the Cook Islands, Niue, Palau, and Tokelau.

264 SOWC 2016. Op. cit.

265 Ibid.

266 WHO. Early initiation of breastfeeding to promote exclusive breastfeeding. Op. cit. [31.05.17].

267 Data are missing for FSM, Kiribati, Cook Islands, Niue, Palau, and Tokelau.

Figure 3.27: Early initiation of breastfeeding prevalence (per cent)²⁶⁸

Source: SOWC 2016

Despite the relatively high breastfeeding rates, it appears that many infants in the PICTs region do not have a healthy diet or sufficient nutritional intake. For example, in Kiribati, which has one of the highest exclusive breastfeeding rates in the region, an estimated 50 per cent of children aged 6 to 23 months are not fed frequently enough, according to international standards.²⁶⁹ Kiribati DHS data from 2009 also suggests that a large proportion of children (40 per cent) are introduced to food and liquids other than breastmilk at an early age (4 to 5 months after birth), which could contribute to the high prevalence of underweight children.²⁷⁰

3.7. Key barriers and bottlenecks

The health systems in the PICTs are diverse and at different stages of development, often related to their past and current affiliations to the Commonwealth, France or the USA.²⁷¹ Many are amongst

268 SOWC 2016. Op. cit. Early initiation of breastfeeding refers to the provision of mother's breast milk to infants within one hour of birth. Data are missing for FSM, Kiribati, the Cook Islands, Niue, Palau, and Tokelau.

269 Cited in UNICEF. 2013. Kiribati: Tracking Progress in Maternal and Child Survival. Op. cit. p. 14.

270 See Figure 11.4 on page 184, 2009 DHS report. <http://catalog.ihnsn.org/index.php/catalog/4131> [31.05.17].

271 WHO. 2017. Health systems development in the Pacific. http://www.wpro.who.int/southpacific/programmes/health_sector/health_systems/page/en/ [01.06.17].

the most generously donor-funded in the world,²⁷² and most PICTs provide free publicly-funded health care to all citizens.²⁷³ As a result, most PICTs can guarantee a fair level of healthcare access to their citizens, at least in terms of financial access.²⁷⁴ However, there are a number of common barriers and bottlenecks to further progress, which include the immense logistical challenges of providing health services to far-flung island groups, financial and human resource constraints, vulnerability to natural hazards, and heavy reliance on external donor support. Some of the key barriers and bottlenecks are described below. Please note that these are not listed in any order of priority.

3.7.1. Transportation

A major challenge relates to the remoteness of many island groups, and the difficulties associated with transferring patients needing specialised health care, especially from remote Outer Islands. For example, the WHO 2011 country health information profile for RMI notes that a key barrier to delivering health services in the remote Outer Islands is the unpredictable flight schedule of Air Marshall Islands.²⁷⁵ Furthermore, many of the country's Outer Islands rely on outreach teams for all primary healthcare services, including immunization, diabetes clinics, TB and leprosy clinics, prenatal services, and health promotion services.²⁷⁶

In Kiribati, which is dispersed across 33 coral atolls spanning over 3.5 million km², residents of the Outer Islands incur very high transportation costs to access hospital-level health care on the main islands, and generally present very late to hospitals (if at all).²⁷⁷ The only transport vessel currently linking Tokelau with the outside world is the *MV Mataliki* and, in extreme emergencies, the Samoa Government Police Patrol Boat.²⁷⁸ The boat journey to Apia in Samoa (the nearest port) usually takes more than a day.²⁷⁹ The infrequent, unpredictable and costly transportation links in many PICTs are a significant risk for patients needing urgent medical care.

3.7.2. Climate and disaster risks

Climate change and extreme weather increase the threat of both communicable diseases and NCDs, and can exacerbate existing bottlenecks to create additional barriers for individ-

272 See e.g. Alfred J. Edwin M. Funk M. Handtke O. McGovern P. 2015. WHO Profile on mental health in development (WHO proMIND): Republic of the Marshall Islands, Geneva, World Health Organization, 2015. http://apps.who.int/iris/bitstream/10665/185038/1/9789241509435_eng.pdf [10.04.17].

273 WHO. 2017. Health systems development in the Pacific. Op. cit.

274 Ibid.

275 WHO. 2011. Marshall Islands country health information profile. Available at: http://www.wpro.who.int/countries/mhl/16MSIpro2011_finaldraft.pdf [25.04.17].

276 Ibid. p. 210.

277 WHO. 2012. Kiribati health service delivery profile. Available at: http://www.wpro.who.int/health_services/service_delivery_profile_kiribati.pdf?ua=1 [25.04.17].

278 See <http://www.radionz.co.nz/international/pacific-news/297446/tokelau-receives-new-ferry-from-nz-govt> [12.04.17], and WHO Country Health Information Profiles (undated): http://www.wpro.who.int/countries/tkl/32TOKpro2011_finaldraft_ver2.pdf [10.04.17].

279 See e.g. <http://www.tokelau.org.nz/Tokelau+Government/Government+Departments/Department+of+Transport++Support+Services.html> [10.04.17].

uals wanting health care.²⁸⁰ According to a recent WHO regional assessment report on the health impacts of climate change, the key climate-sensitive health risks in the region are: an increased burden of water-borne, food-borne and vector-borne diseases; traumatic injuries and deaths from extreme weather events; an increased burden of respiratory illnesses (due to infective causes and obstructive airways diseases); increased mental health problems (from loss of land, livelihoods and population displacement, and the mental health impact of natural disasters); compromised food security (leading to malnutrition); and heat-related illnesses.²⁸¹ The WHO Multi-Country Cooperation Strategy for the Pacific 2013-2017 anticipates that climate-related health problems will be borne disproportionately by vulnerable sectors of the population including the very poor, young children, the elderly, people with disabilities, people with pre-existing illnesses (e.g. NCDs), and individuals in certain occupations (e.g., farmers, fishermen and outdoor workers).²⁸²

On a positive note, it appears that several governments in the region are aware of the significant health challenges posed by climate change and extreme weather events. For example, the Government of RMI has developed a Joint National Action Plan for Climate Change Adaptation and Disaster Risk Management, which considers the health impacts of climate change under Goal 5.²⁸³ In Kiribati, where rising sea levels threaten the nation's existence, the Government developed a National Adaptation Programme of Action in 2007 and a National Framework for Climate Change and Climate Change Adaptation in 2013.²⁸⁴ Furthermore, the Government has promoted a 'migration with dignity' approach, urging residents to move abroad, and recently bought nearly 6,000 acres of land in neighbouring Fiji, as a potential refuge and source of fresh-water and food supplies.²⁸⁵

3.7.3. Data availability

WHO notes that many PICT health information systems lack the necessary resources to perform effectively, with several still not providing reliable data regarding mortality, morbidity, immunization or key nutrition indicators.²⁸⁶ Gender-disaggregated data on certain health outcomes are not readily available, for example, in relation to immunization coverage (for countries that have not implemented the DHS), TB caseload in children, HIV prevalence, and several nutrition-related indicators.

Efforts should be made to address these gaps in the evidence-base, which would allow the PIC region to better monitor progress and target health spending more effectively. Accordingly, it is recommended that the Cook Islands, Fiji, FSM, Niue, Palau, and Tokelau implement DHS.

280 WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017 http://www.wpro.who.int/southpacific/who_pacific_mccs.pdf?ua=1 [01.06.17].

281 WHO. 2015. Human health and climate change in Pacific island countries, p. 66 http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf [13.03.17].

282 WHO Country Cooperation Strategy for Marshall Islands 2013-2017, p. 12.

283 Ibid.

284 Republic of Kiribati. 2013. National Framework for Climate Change and Climate Change Adaptation. Op. cit.

285 See e.g. New York Times. 2016. A Remote Pacific Nation, Threatened by Rising Seas https://www.nytimes.com/2016/07/03/world/asia/climate-change-kiribati.html?_r=0 [25.04.17].

286 WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017. Op. cit.

3.7.4. Misperceptions and socio-religious norms

Misperceptions about diseases and health interventions, and deeply-rooted socio-religious norms, may also pose risks to the effective functioning of PIC healthcare systems. For example, the historical absence of severe epidemics of vector-borne diseases in RMI appears to have given rise to a widespread belief that the population is immune to diseases such as dengue fever.²⁸⁷ Such misperceptions can undermine prevention and response efforts to vector-borne epidemics, as seen in December 2011, when RMI experienced a severe dengue epidemic.²⁸⁸

In Kiribati, it appears that dominant socio-religious norms are the main underlying factor suppressing women's demand for contraception. The 2009 Kiribati DHS found that, amongst married women aged 15 to 49, the most commonly cited reason for not intending to use contraception was religion (29 per cent), followed by fear of side effects (11 per cent).²⁸⁹

3.7.5. Gender norms

Gender norms were found to impact on a range of child, adolescent and maternal health outcomes, often to the detriment of women and girls. For example, in FSM, dominant social norms stigmatise sexual activity, particularly amongst young women. Together with a lack of confidential access to health facilities, this appears to severely restrict young women's access to contraception.²⁹⁰ Furthermore, throughout the Pacific region, traditional gender roles were found to support and facilitate violence against women and girls, which is linked to multiple mental, physical, sexual and reproductive health outcomes.²⁹¹

However, dominant gender norms may not always contribute to worse health outcomes for women and girls, and can instead act as protective factors. For example, in Kiribati it was found that the significantly higher rate of alcohol consumption amongst young men could to some extent be attributed to underlying social norms, according to which young women are expected not to drink.²⁹²

3.7.6. Health financing

High travel costs associated with overseas and in-country patient referrals, the increasing financial burden of NCDs, and heavy reliance on external donor assistance (especially amongst US-associated countries) represent potential bottlenecks in relation to health financing.

287 WHO. 2015. Human health and climate change in Pacific island countries. Op. cit. p. 66. http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf [13.03.17], p.70.

288 Ibid.

289 Ibid.

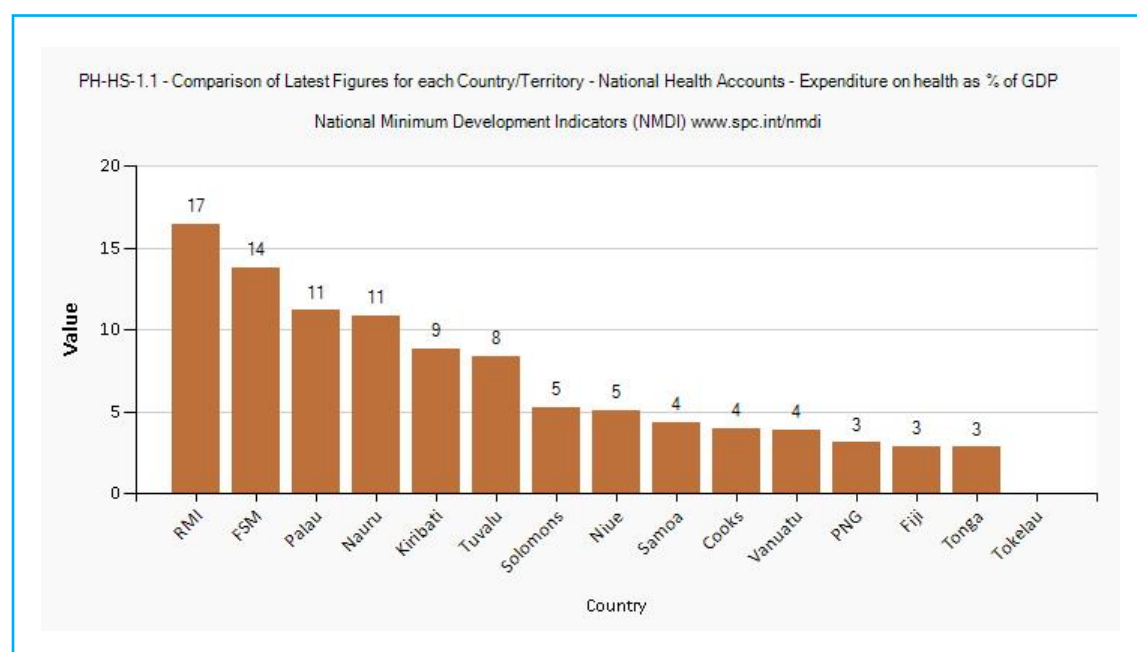
290 KII with Youth Council of Pohnpei, May 2017.

291 See e.g. UNICEF. 2015. Harmful Connections: Examining the relationship between violence against women and violence against children in the South Pacific. Available at: [https://www.unicef.org/pacificislands/Harmful_Connections\(1\).pdf](https://www.unicef.org/pacificislands/Harmful_Connections(1).pdf) [10.07.17].

292 Republic of Kiribati. 2011-2015. National Youth Policy. Op. cit. p. 17.

According to regional NMDI data, public health expenditure in the PICTs (including PNG) averages approximately 7.2 per cent of GDP, which is just above the 'recommended' 5 per cent of GDP,²⁹³ but below the global average of 9.9 per cent.²⁹⁴ Figure 3.28 shows that public health expenditure (as a percentage of GDP) varies significantly within the region. For example, the three countries with 'free association' agreements with the USA (RMI, FSM and Palau) all have health expenditures that exceed 10 per cent of their GDP, compared to 3 per cent in Fiji and Tonga.²⁹⁵

Figure 3.28: Government health expenditure as percentage of GDP²⁹⁶



Source: NMDI 2008-2011

Government expenditure on health as a percentage of total government expenditure averages 12.5 per cent across the PICTs region (including PNG).²⁹⁷ Figure 3.29 shows that the relative health expenditure rate ranges from 21 per cent in FSM to 7 per cent in Nauru.²⁹⁸ This means that the PICTs average is just below the global average of 15.5 per cent in 2014.²⁹⁹

293 Note that this often-cited, WHO-recommended 5 per cent threshold, was never officially approved by the World Health Assembly. See e.g. http://www.who.int/health_financing/en/how_much_should_dp_03_2.pdf, especially Annex A. [25.04.17].

294 WHO. http://www.who.int/gho/health_financing/en/ [01.06.17].

295 NMDI data.

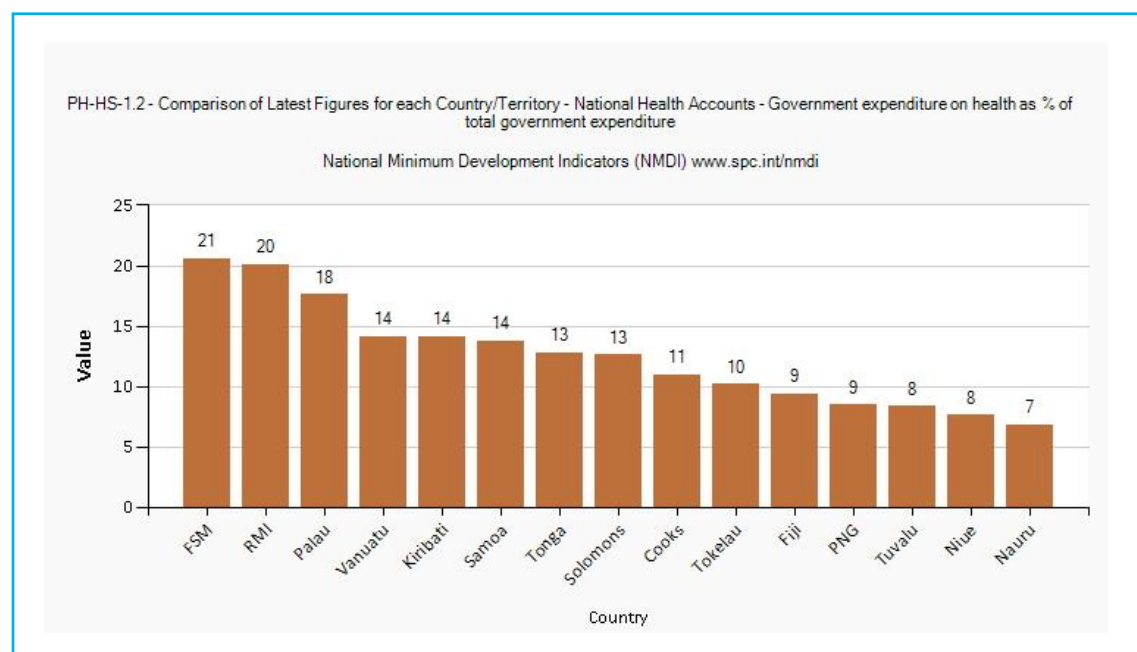
296 https://www.spc.int/nmdi/health_systems [01.06.17]. The NMDI database aggregates data from National Health Accounts from years 2008 to 2011. Data are not available for Tokelau.

297 Ibid.

298 Ibid.

299 WHO. http://www.who.int/gho/health_financing/government_expenditure/en/ [01.06.17].

Figure 3.29: Government expenditure on health as percentage of total government expenditure



Source: NMDI 2009-2014

Average per capita expenditure on health care in the PICTs region (including PNG) is an estimated US\$387, according to the regional NMDI database,³⁰⁰ which is about one third of the worldwide average.³⁰¹ Importantly, per capita expenditure varies drastically among the PICTs, with Palau, Niue and Tokelau spending more than US\$800, compared to less than US\$75 in Solomon Islands and Vanuatu (see Figure 3.30).³⁰²

Although the private sector and non-state providers are important for health service delivery in the PICTs, public health services are the mainstay for the majority of the population.³⁰³ According to WHO, private out-of-pocket payments are at the lower end in most Pacific countries.³⁰⁴ WHO data from 12 of 14 PICTs shows that average out-of-pocket expenditure was 8 per cent of total health expenditure, as of 2014. However, in a few countries (Fiji, Palau, Tonga and RMI) private out-of-pocket payment exceeds 10 per cent of total health expenditure (see Figure 3.31),³⁰⁵ and out-of-pocket contributions are expected to rise throughout the region.³⁰⁶ As a reference point, the global average is 18 per cent, as of 2014.³⁰⁷

300 NMDI: https://www.spc.int/nmdi/health_systems. Op. cit.

301 World Bank: <http://data.worldbank.org/indicator/SH.XPD.PCAP> [01.06.17].

302 NMDI: https://www.spc.int/nmdi/health_systems. Op. cit.

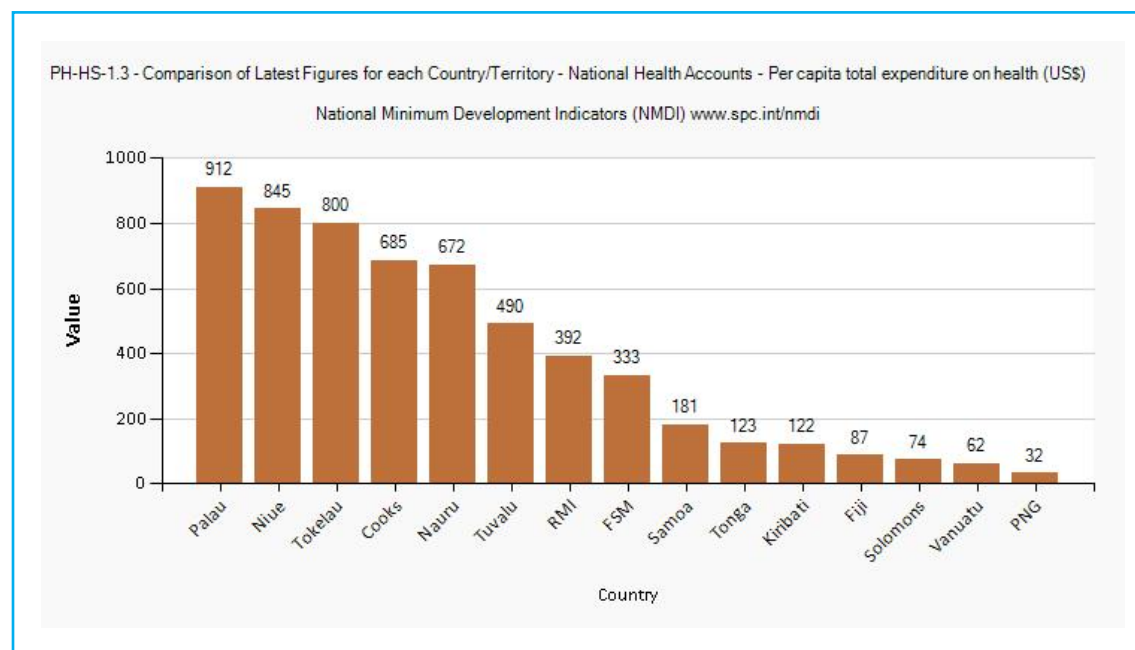
303 WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017. Op. cit.

304 Ibid.

305 WHO Global Health Expenditure Database: <http://apps.who.int/nha/database/Select/Indicators/en> [01.06.17]

306 WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017. Op. cit. p. 18.

307 World Bank. <http://data.worldbank.org/indicator/SH.XPD.OOPC.TO.ZS> [01.06.17].

Figure 3.30: Per capita health expenditure in US\$

Source: NMDI 2009-2014

Funding for health care in the PICTs is often disbursed in an inequitable manner. For example, in RMI, almost 97 per cent is directed towards the urban centres, even though the population living in these areas only makes up 75 per cent of the total population.³⁰⁸ Many PICTs also allocate a significant proportion of funding to tertiary services and specialised overseas treatment, often to the detriment of preventative and primary healthcare services.³⁰⁹ WHO, for example, notes that the geographical aspect of most PICTs requires a disproportionate percentage of health funding to be spent on (in-country and overseas) medical referrals, and that many patients cannot be evacuated and treated due to funding shortages.³¹⁰

A key risk to health financing in the PICTs region is the potentially high cost of travel for patients referred abroad or from Outer Islands. For example, a recent WHO report on the health workforce in RMI suggests that the Ministry of Health regularly invites international clinical teams in order to reduce referral costs, but that nevertheless the financial burden associated with overseas referrals remains high. In RMI alone, there were 109 referrals in 2010, which totalled US\$1.35 million.³¹¹

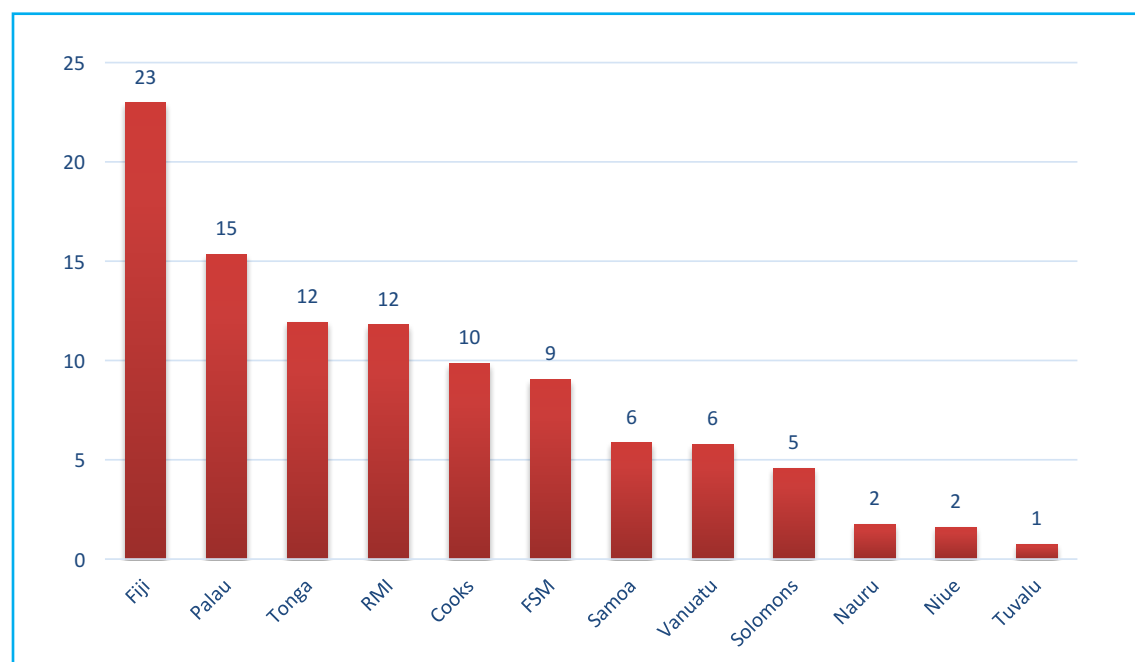
308 WHO. 2014. Human resources for health country profiles: Marshall Islands. Available at: http://www.wpro.who.int/hrh/documents/publications/wpr_hrh_country_profiles_marshall_islands_upload2.pdf?ua=1 [25.04.17].

309 Alfred J. Edwin M. Funk M. Handtke O. McGovern P. Op. cit. p. 26.

310 WHO. 2017. Health systems development in the Pacific. Op. cit.

311 WHO. 2014. Human resources for health country profiles: Marshall Islands. Op. cit..

Figure 3.31: Out-of-pocket expenditure on health as percentage of total expenditure on health³¹²



Source: WHO Global Health Expenditure Database 2014

Costs for health programmes related to the growing disease burden of NCDs can also be expected to put additional strain on health budgets in the PICTs region. In Samoa, for example, the National Health Sector Plan 2008-2018 identifies the growing disease burden of NCDs as a critical bottleneck for the country's healthcare budget.³¹³ It warns that, if NCD prevalence continues to increase at current rates, the Government and healthcare system will not be able to sustain financing at current levels.³¹⁴

Heavy reliance on external funding sources in many countries in the PICTs region also raises questions of financial sustainability. As noted above, health funding in several PICTs is heavily reliant on external development assistance (especially countries that have free association agreements with the USA). For example, in RMI, US grants currently amount to about 80 per cent of the Government's annual budget, and around 60 per cent of the health budget.³¹⁵ In FSM, local financing of health care amounted to around US\$ 10 million in 2008, compared with US\$ 22.7 million that came from external funds.³¹⁶ In Palau, US grants account for around 30 per cent of total health spending.³¹⁷

312 2014 data are not available for Tokelau or Kiribati.

313 Samoa National Health Sector Plan 2008-2018. p. 43. Available at http://www.wpro.who.int/health_services/samoa_nationalhealthplan.pdf?ua=1 [21.03.17].

314 Ibid.

315 WHO. 2011. Country health information profile. Available at: http://www.wpro.who.int/countries/mhl/16MSIpro2011_finaldraft.pdf [25.04.17].

316 WHO. 2011. Country Health Information Profile for FSM: http://www.wpro.who.int/countries/fsm/17MICpro2011_finaldraft.pdf [12.04.17].

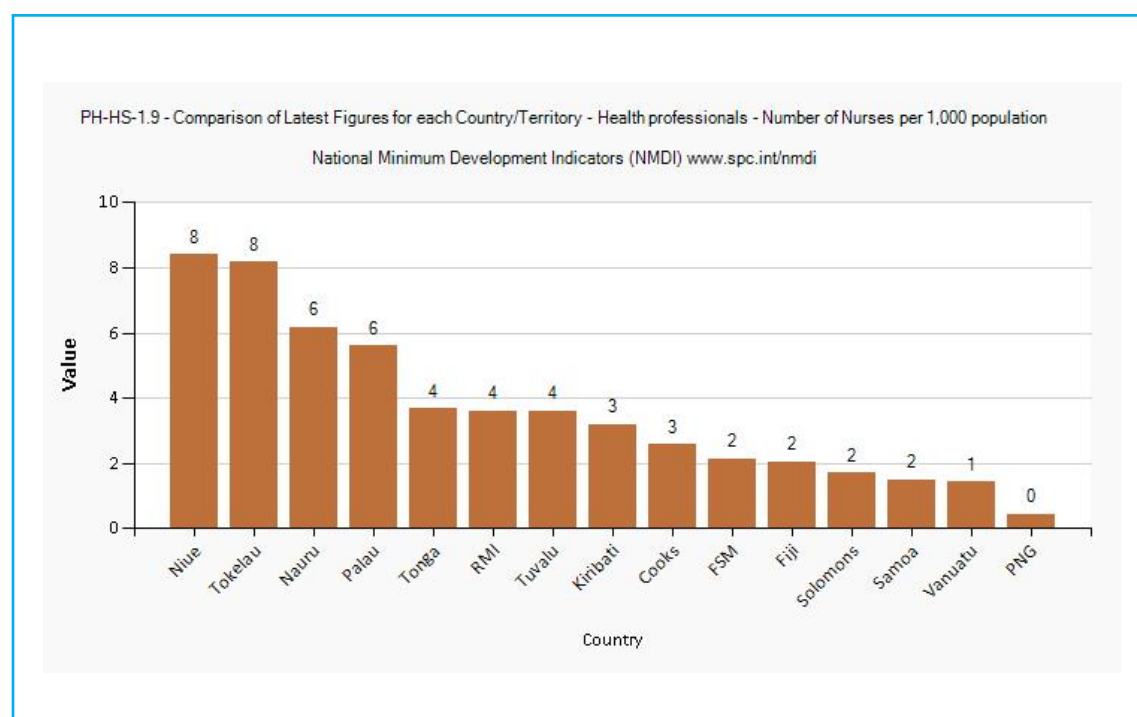
317 ADB. 2011. Sustainable Health Care Financing in the Republic of Palau. <https://www.adb.org/sites/default/files/publication/29496/healthcare-financing-palau.pdf> [25.04.17].

3.7.7. Health workforce

Evidence suggests a positive correlation between health worker-to-population ratios and infant, child and maternal survival rates.³¹⁸ WHO regards a health worker-to-population ratio of 2.3 doctors, nurses and midwives per 1,000 population as the minimum needed to provide 80 per cent coverage of basic healthcare services (e.g., birth attendance and child immunization).³¹⁹ As of 2013, four PICTs had a health worker-to-population ratio below the WHO minimum threshold (Fiji, Samoa, Solomon Islands, and Vanuatu).³²⁰

Nurses make up the largest group within the health workforce. According to regional NMDI data, PICTs (including PNG) have, on average, 3.6 nurses per 1,000 individuals.³²¹ However, the regional average hides significant differences within the PICTs group, with ratios ranging from 8/1,000 in Niue and Tokelau to 1/1,000 in Vanuatu (see Figure 3.32).

Figure 3.32: Nurses per 1,000 population



Source: NMDI

318 WHO. 2013. Health Workforce Development in the Pacific. http://www.wpro.who.int/southpacific/pic_meeting/2013/documents/PHMM_PIC10_10_HRH.pdf?ua=1 [01.06.17], p. 2.

319 Ibid.

320 Ibid.

321 NMDI data. Available at: https://www.spc.int/nmdi/health_systems [20.03.17].

According to NMDI data, PICTs (including PNG) average 0.9 physicians per 1,000 individuals,³²² which is significantly below the global average of 1.5.³²³ Again, the regional average hides significant differences between PICTs, with ratios ranging from 2.7/1,000 in Tokelau to only 0.1/1,000 in Vanuatu.³²⁴

It is also important to highlight that health workers are frequently distributed inequitably within countries, and that significant rural-urban disparities exist. For example, in RMI, the main hospital in Majuro employs 65 per cent of all health workers, and even its estimated immediate catchment area reaches only 48 per cent of the population.³²⁵ In rural areas, treatment beyond basic primary health care requires travel to a main urban centre (Majuro or Ebeye), which, according to WHO, is one important driver of internal migration and rapid urbanization.³²⁶

The key underlying causes of the health workforce shortage in many PICTs appear to be high staff turnover rates, and the out-migration of qualified professionals in search of better working opportunities.³²⁷ In many PIC health systems, training and retaining sufficient nurses appears a significant challenge,³²⁸ and a heavy reliance on expatriate health workers creates a bottleneck. In Nauru, for example, the number of doctors and nurses working can vary significantly from year to year, as there are several expatriate health workers who come to Nauru for consultancies and short-term contracts.³²⁹ As of 2009, expatriates made up 16 per cent of the approved health workforce in Nauru, with nearly all physicians being non-nationals.³³⁰

3.7.8. Equitable service delivery

A major challenge facing most healthcare systems in the PICTs region is the high cost and administrative difficulty of delivering healthcare services equitably to populations dispersed across a large number of islands, many of which have minimal infrastructure and transport links (an issue that also affects service delivery in the WASH sector, see Chapter 4).³³¹ WHO observes that development efforts in the region often bypass the poor and most disadvantaged regions, resulting in low quality health services in these areas (when they are available).³³² For example, WHO has suggested that infrastructure in the primary healthcare centres is very poor in the Outer Islands of RMI, and basic health interventions such as vaccination need to

322 Ibid.

323 World Bank: <http://data.worldbank.org/indicator/SH.MED.PHYS.ZS> [20.03.17].

324 NMDI data. Op. cit.

325 WHO. 2014. Human resources for health country profiles: Marshall Islands. Op. cit.

326 Ibid. p. 8.

327 Ibid. p. 18.

328 WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017. Op. cit. p. 18.

329 See e.g. Tangitau A, Funk M, Soakai S, Skeen S, Hughes F, Thoma, K, Sinclair J, Shields L. WHO Profile on mental health in development (WHO proMIND): Republic of Nauru. Geneva, World Health Organization, 2012. Op. cit. [09.05.17].

330 Republic of Nauru. Ministry of Health and Medical Service Strategic Plan 2010-2015. Available at: <https://dfat.gov.au/about-us/publications/Documents/health-sector-strategic-plan-2010-2015.pdf> [25.04.17].

331 WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017. Op. cit. p. 18.

332 WHO. 2017. Health systems development in the Pacific. Op. cit.

be administered by visiting outreach teams, as there are usually no refrigeration or storage facilities.³³³

Urban areas in the PICTs also face unique health challenges as a result rapid urbanisation.³³⁴ In Fiji, for example, health services in the Suva–Nausori corridor³³⁵ area have come under increasing pressure as a result of a rapidly increasing population, with the National Referral Hospital absorbing much of the demand for sub-divisional hospital services, due to the lack of alternative facilities.³³⁶ In Samoa, health services in the urban Apia area have also come under increasing pressure from rapid urbanisation, with the Tupua Tamasese Meaole Hospital reportedly having a congested outpatient and emergency unit.³³⁷

333 WHO. 2014. Human resources for health country profiles: Marshall Islands. Op. cit. p. 18.

334 WHO. 2017. Health systems development in the Pacific. Op. cit.

335 The Suva-Nausori corridor is made up of the three municipalities of Suva, Nasinu and Nausori.

336 Fiji MoHMS National Strategic Plan 2016-2020, p. 7.

337 Samoa National Health Sector Plan 2008-2018, p. 33.

4.

Water, Sanitation and Hygiene

Ensuring that all children have access to safe and affordable drinking water, as well as adequate sanitation and hygiene (WASH), is crucial for achieving a range of development goals related to health, nutrition and education. For example, a lack of basic sanitation, hygiene and safe drinking water has been shown to contribute to the spread of water-related diseases (including diarrhoea), which are a significant cause of under-5 child mortality in the Pacific region.³³⁸ Evidence also suggests that poor water, sanitation and hygiene access is linked to growth stunting.³³⁹ Furthermore, there is growing evidence that clean water and sanitation facilities (at home and in schools) can improve school attendance and even learning outcomes for boys and girls.³⁴⁰ This chapter analyses children's access to improved water sources and sanitation facilities, and hygiene practices, using SDG 6 (ensure availability and sustainable management of water and sanitation for all) and the rights to water and sanitation as benchmarks.

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has produced estimates of global progress (WASH) since 1990.³⁴¹ The JMP was previously responsible for tracking progress towards MDG 7c on WASH, and now tracks progress towards the SDG WASH targets.³⁴² The JMP uses a 'service ladders' system to benchmark and compare progress across countries, with each 'rung' on the ladder representing progress towards the SDG targets.³⁴³ This chapter utilises the relevant service ladders to assess progress in the 14 PICTs towards the SDG targets.

338 WHO. 2016. Sanitation, drinking-water and health in Pacific island Countries. Op. cit.

339 UNICEF 2016. Looking back, moving forward. A snapshot of UNICEF's work for Pacific Island children 2015-16.

340 Ibid.

341 Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017 p. 6.

342 Ibid.

343 Ibid. p. 2, 7.

Key WASH-related SDGs

| WASH sector goal ^{xx} | Sdg global target | Sdg global indicator |
|---|--|--|
| Achieving universal access to basic services | 1.4 By 2030, ensure that all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as access to basic services | 1.4.1 Population living in households with access to basic services (including basic drinking water, sanitation and hygiene). |
| Progress towards safely managed services | 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations | 6.1.1 Population using safely managed drinking water services. 6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water |
| Ending open defecation | 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations | |

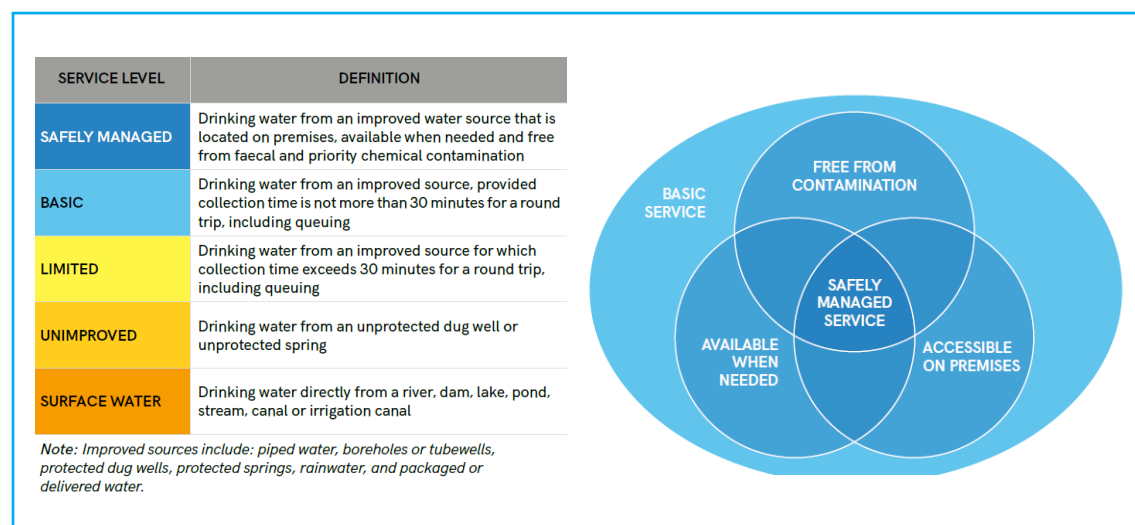
4.1. Access to improved water sources

In order for the PICTs to provide a **safely managed drinking water service** (SDG 6.1), their populations should have access to an improved water source that fulfils three criteria: it should be accessible on the premises; available when needed; and free from contamination.³⁴⁴ If the improved source does not meet any one of these criteria, but a round trip to collect water takes 30 minutes or less, it will be classified as a **basic drinking water service** (SDG 1.4). If water collection from an improved source exceeds 30 minutes, it will be categorized as a **limited service**.³⁴⁵ The immediate priority in many countries will be to ensure universal access to at least a basic level of service.³⁴⁶

³⁴⁴ Ibid. p. 8.

³⁴⁵ Ibid.

³⁴⁶ Ibid. p. 10.

Figure 4.1: JMP service ladder for improved water sources

Source: JMP³⁴⁷

Figure 4.2 provides data on the provision of drinking water services in the PICTs, assessed against the JMP service ladder in relation to estimates for year 2015. This shows that access to basic water services (as defined in Figure 4.1) is universal in Nauru, and near universal in the Cook Islands, Tonga, Palau, Tokelau, Tuvalu, Niue and Samoa. Services drop off slightly in Fiji, Vanuatu and FSM, and are more limited in RMI, Solomon Islands and Kiribati. Niue is the only country for which data are available across all three criteria to allow assessment of the provision of safely managed drinking water (a slightly higher standard), which is nearly universal (97.2 per cent).

Where available, the estimates from the 2017 JMP Report reveal significant disparities between rural and urban areas for access to basic drinking water. For example, 94.78 per cent of the urban population has access to a basic drinking water service, compared to only 85.18 per cent of the rural population.³⁴⁸ Rural-urban disparities are particularly pronounced in Kiribati and Solomon Islands, where the differences in improved water coverage are 45.5 and 34 percentage points, respectively.³⁴⁹ These figures suggest that several PICTs are still a long way from achieving SDG Target 1.4, and that improving access to basic drinking water in rural areas must be prioritised.

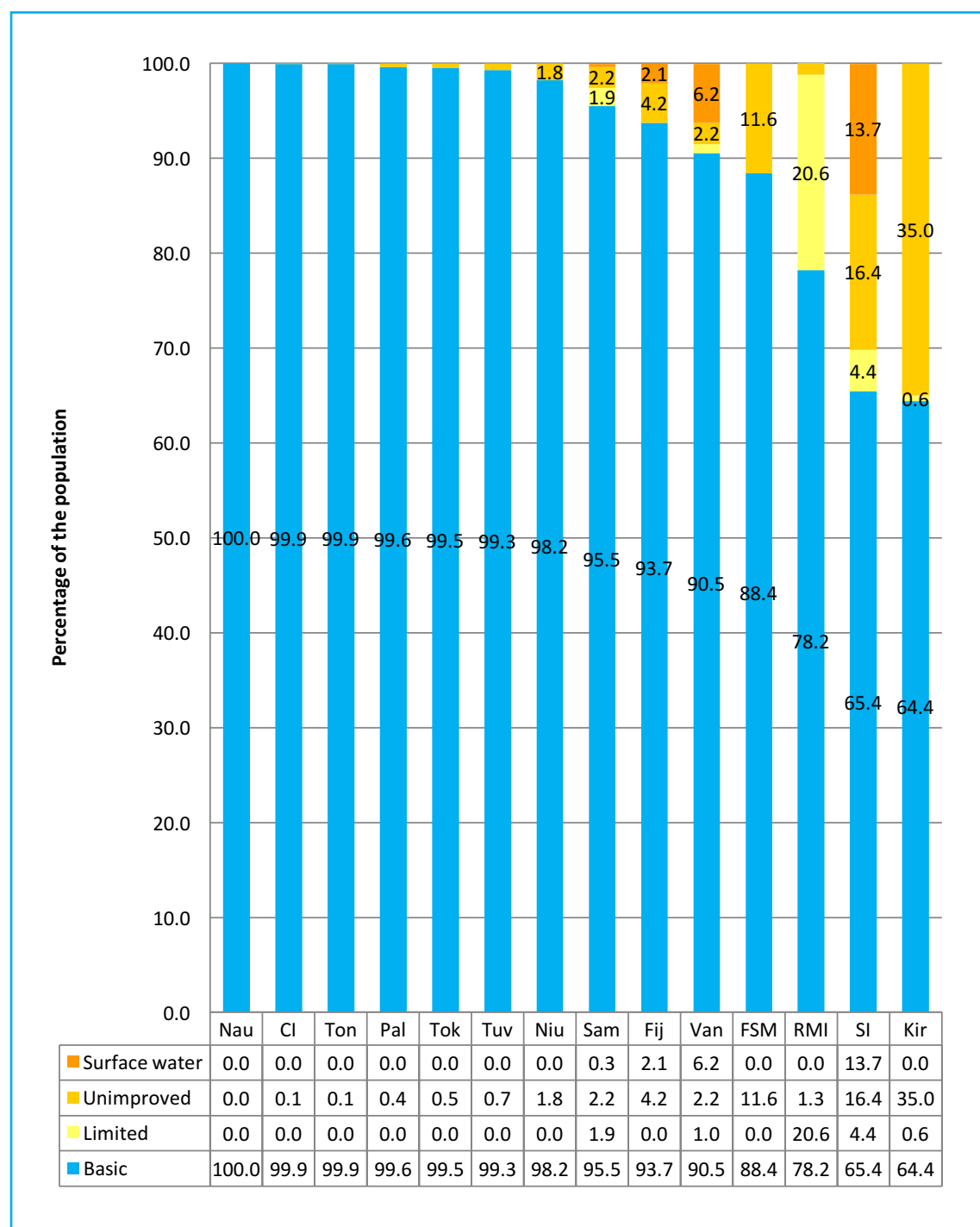
The recent JMP estimates also suggest that some countries have seen a decrease in basic drinking water coverage between 2000 and 2015. Data indicate that coverage decreased by 14.8 percentage points in Solomon Islands (from 80.2 per cent to 65.4 per cent) and by 4.2 percentage points in FSM (from 88.4 per cent to 92.6 per cent). It has not been possible to determine whether these changes are statistically significant and more analysis is needed. If, however, significant decreases are found, further investigation is needed into the causes of the changes and what action could halt these negative developments. Data for RMI and Fiji indicate minor decreases (note that data for RMI is for 2001 to year 2015), which may be insignificant, but should be investigated further.

347 Ibid.

348 Ibid.

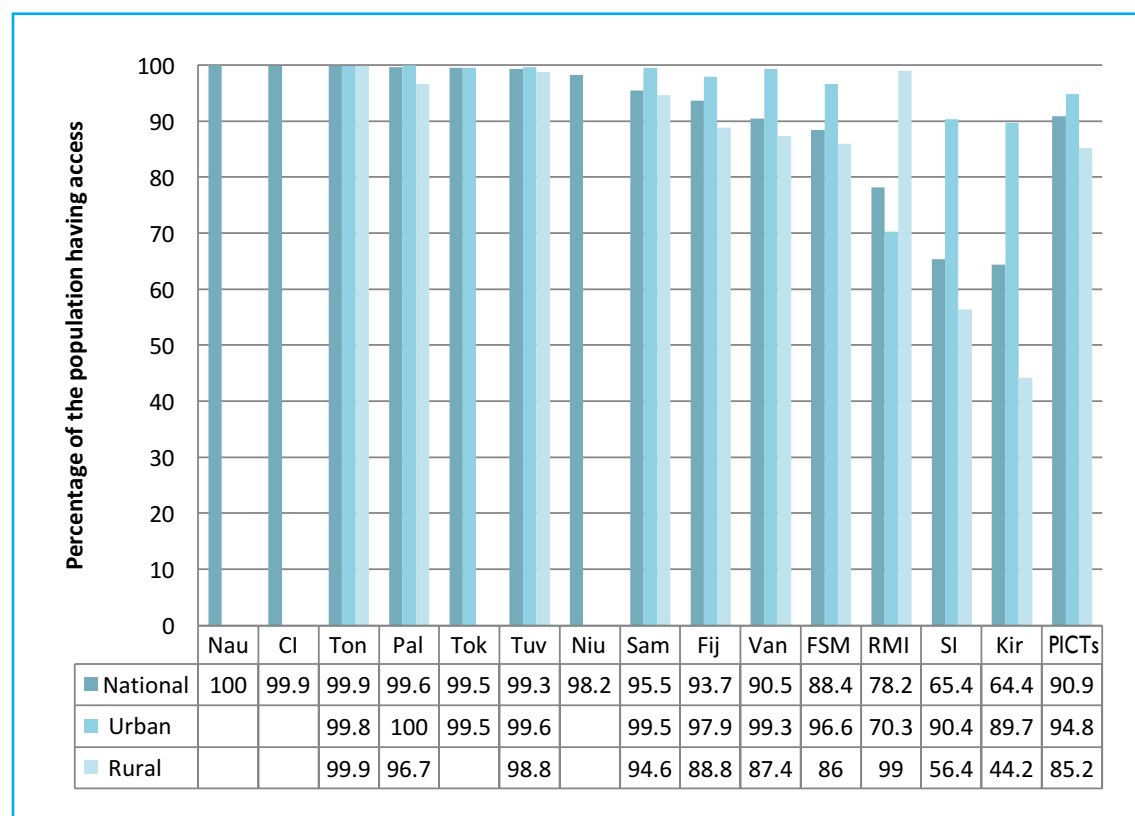
349 Ibid.

Figure 4.2: Provision of drinking water services as per JMP service ladder, 2015 estimates



Source: JMP³⁵⁰

Figure 4.3: Provision of basic water services in the PICTs, rural vs. urban comparison, 2015 estimates



Source: JMP

PIC household surveys lack sufficient information to provide a regional perspective on improved drinking water coverage according to wealth quintiles.³⁵¹

4.2. Access to improved sanitation facilities

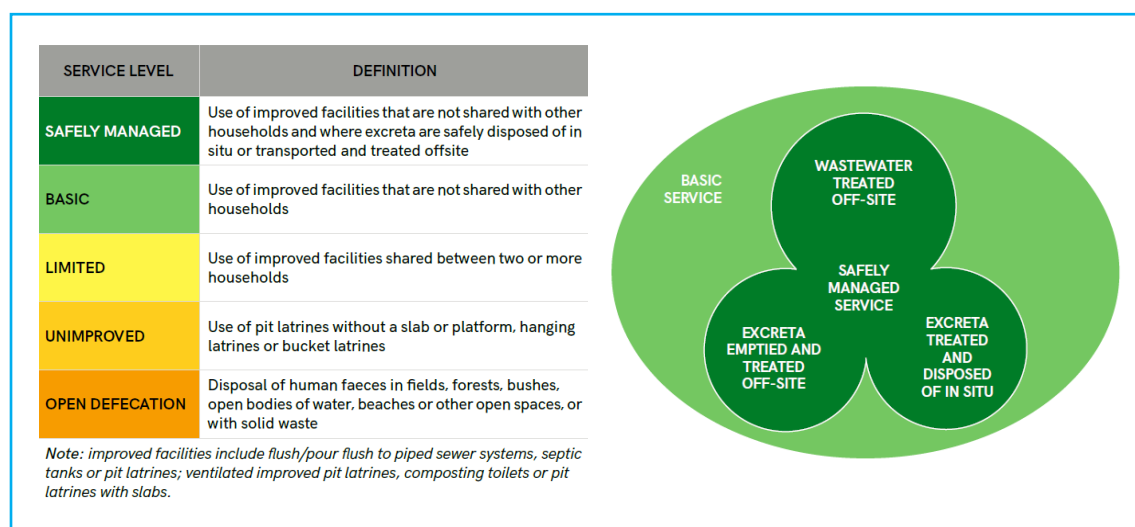
To meet SDG 6.2 relating to **safely managed sanitation services**, a country's population should use improved sanitation facilities that are not shared with other households, and the excreta produced should either be treated and disposed of in situ, stored temporarily and then emptied, transported and treated off-site, or transported through a sewer with wastewater and then treated off-site.³⁵² If excreta from improved sanitation facilities are not safely managed, people using such facilities are classed as having access to a **basic sanitation service** (SDG 1.4), and, if using improved facilities that are shared with other households, they are classified as having a **limited**

351 WHO. 2016. Sanitation, drinking-water and health in Pacific island countries. Op. cit. p. 22.

352 Progress on drinking water, sanitation and hygiene. Op. cit.

service.³⁵³ SDG target 6.2 also focuses on ending the practice of open defecation.³⁵⁴ While SDG 6.2 aims to raise the standard of sanitation services for all over time, the immediate priority for many countries will be to ensure universal access to at least a basic level of service.³⁵⁵

Figure 4.4: JMP service ladder for improved sanitation facilities



Source: JMP³⁵⁶

Figure 4.5 shows that access to basic sanitation services is universal in Palau, and near universal in the Cook Islands, Niue, Samoa, Fiji, Tonga and Tokelau, but slightly poorer in Tuvalu and RMI. Access drops off in Nauru, FSM, Vanuatu, Kiribati and Solomon Islands. Palau is the only country for which data are available for all criteria to measure safely managed sanitation facilities, which reach 20 per cent of the population.³⁵⁷

As with access to basic water services, an urban-rural divide is shown by quantitative data on the availability of basic sanitation facilities (see Figure 4.6). In the PICTs for which disaggregated data are available, there is a higher coverage in urban areas (84.75 per cent) than rural areas (69.09 per cent). Solomon Islands has the largest urban-rural divide in relation to access to basic sanitation facilities, with an urban-to-rural ratio of 1:0.24 (urban: 76.1 per cent; rural: 18.4 per cent), compared to the PIC regional average of 1:0.82.³⁵⁸ With 100 per cent of the Palau population using improved and not shared facilities, it is apparent that the low overall coverage of safely managed sanitation is a result of excreta from improved sanitation facilities not being safely managed.³⁵⁹

³⁵³ Ibid. pp. 8-9.

³⁵⁴ Ibid.

³⁵⁵ Ibid. p. 10.

³⁵⁶ Ibid.

³⁵⁷ JMP data available from <https://washdata.org/data#!> [01.08.17].

³⁵⁸ SOWC 2016. Op. cit.

³⁵⁹ JMP data for Palau available from <https://washdata.org/data#!plw> [02.08.17].

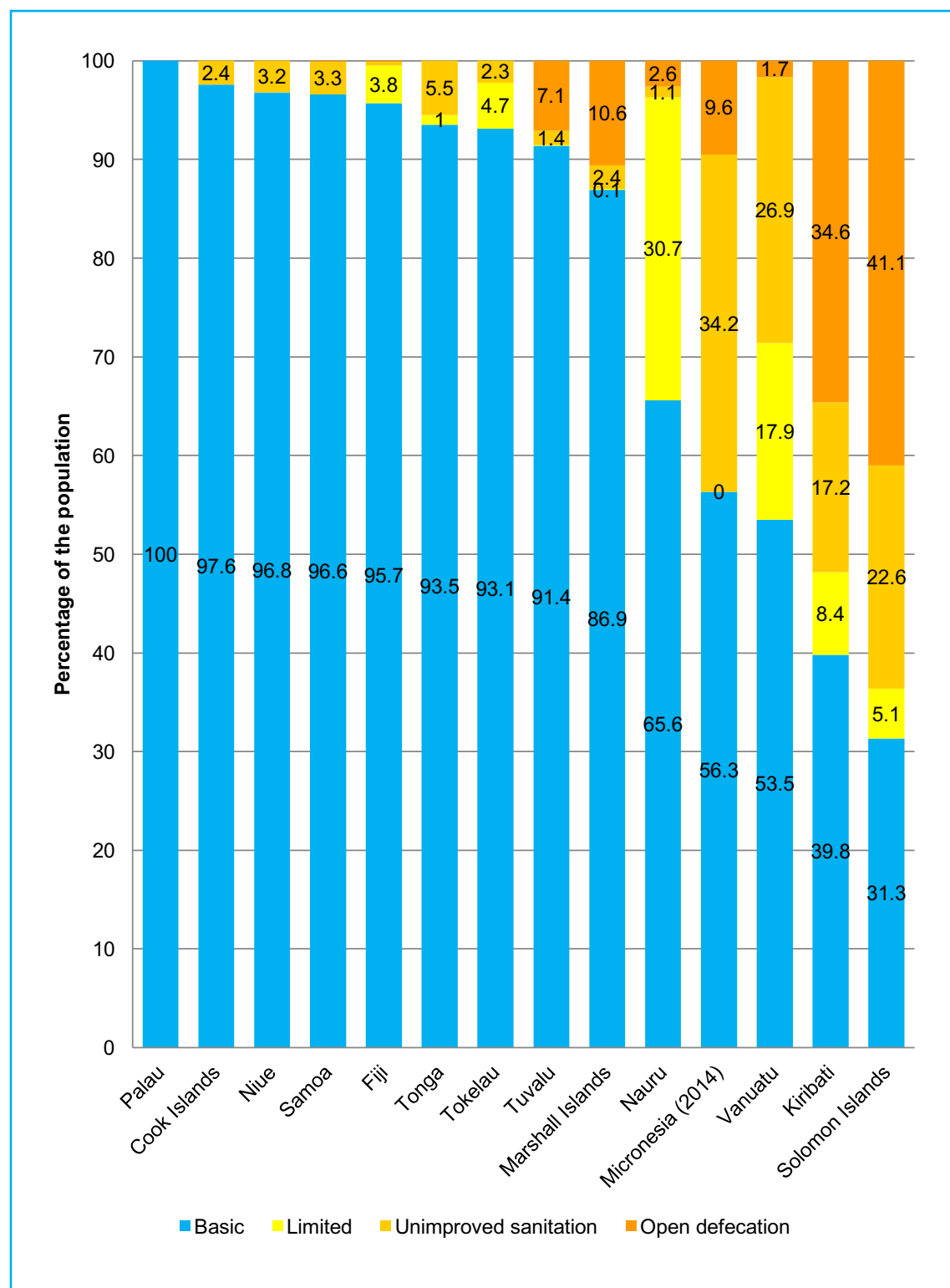
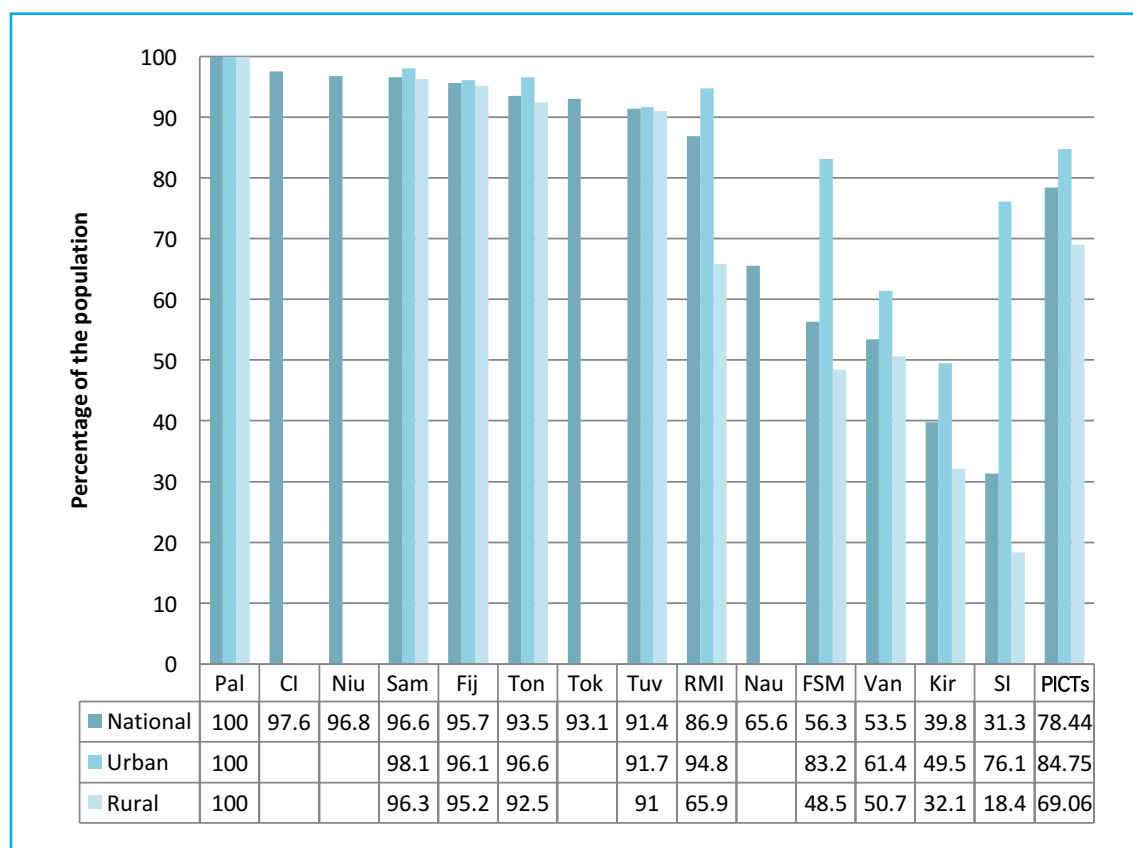
Figure 4.5: Provision of sanitation facilities as per JMP service ladder, 2015Source: JMP³⁶⁰

Figure 4.6: Provision of basic sanitation services in the PICTs, rural vs. urban comparison, 2015 estimates



Source: JMP

Despite the fact that rural areas are less likely to have access to improved sanitation facilities, it is important to note that rapidly urbanising areas also face significant challenges, due to overcrowding, degraded sewage systems, and over-extraction of groundwater.³⁶¹ For example, according to a 2011 report, only 40 per cent of the population in South Tarawa (Kiribati's capital) is connected to the public sewerage system, and it has the highest diarrheal disease prevalence in Kiribati.³⁶² Furthermore, according to the UN Special Rapporteur on the human right to safe drinking water and sanitation, the public water supply in South Tarawa is only provided three days per week for 2 hours per day.³⁶³

Household-level data also indicate large economic inequity in sanitation coverage in some PICTs, with higher-income households generally having better access to improved sanitation facilities.

361 ISF-UTS. 2011. Kiribati Water, Sanitation and Hygiene Sector Brief, prepared for AusAID by the Institute for Sustainable Futures, University of Technology Sydney, October 2011.

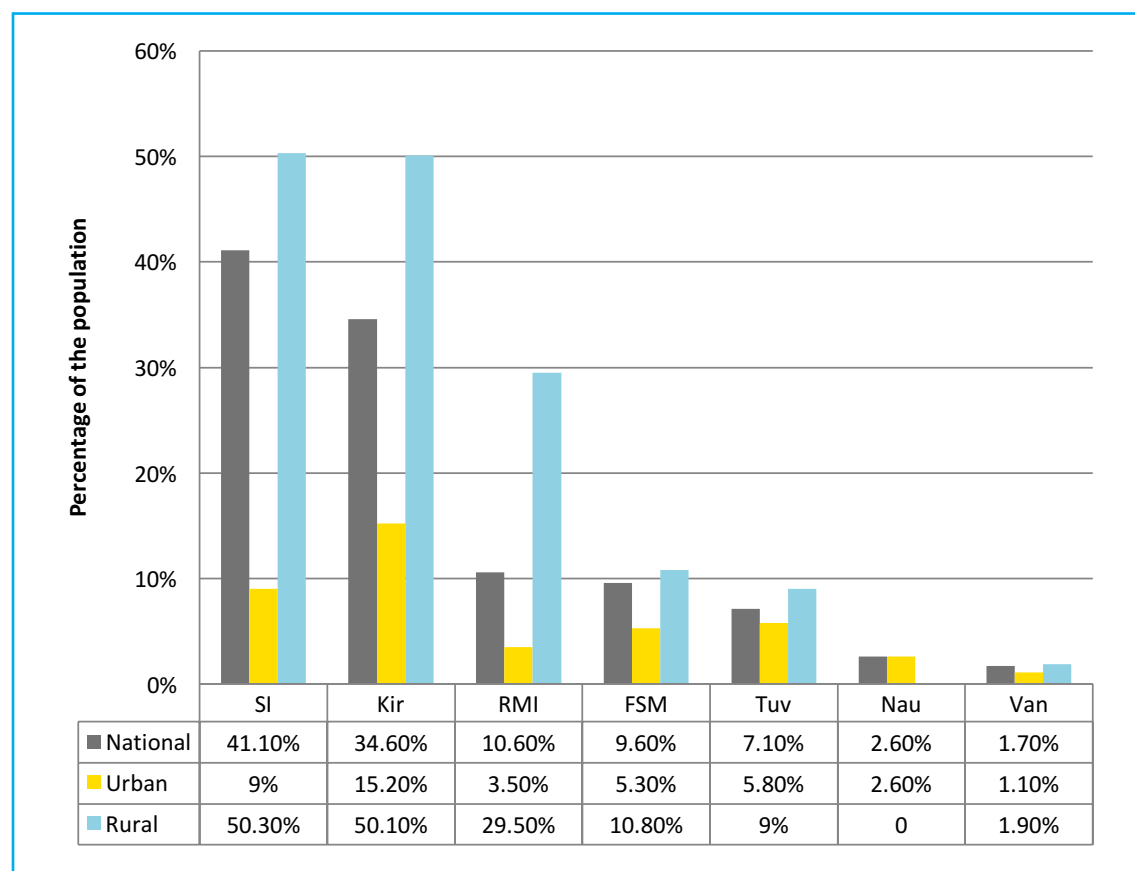
362 Ibid.

363 UN Human Rights Council. 2012. Press Statement: United Nations Special Rapporteur on the human right to safe drinking water and sanitation. Ms. Catarina de Albuquerque Mission to the Republic of Kiribati. Available at: <http://reliefweb.int/report/kiribati/press-statement-united-nations-special-rapporteur-human-right-safe-drinking-water> [27.04.17].

Unfortunately, household-level data are only available for a few PICTs, and it is difficult to establish a PICTs regional average.

According to SDG Target 6.2, all PICTs should aim to end open defecation by 2030. According to JMP estimates from 2017, half of all PICTs have met this target, but challenges remain, particularly in Solomon Islands and Kiribati, which have national rates of 41.10 per cent and 34.60 per cent, respectively, and where disaggregated data indicate pronounced urban/rural disparities.³⁶⁴

Figure 4.7: Open defecation rates in the PICTs, 2015 estimates



Source: JMP

There has, however, been progress in combatting the practice of open defecation. For example, in Kiribati, which has the second-highest open defecation rate, the total sanitation KIRIWATSAN project (funded by UNICEF and the European Union), led North Tarawa Island to become one of the first islands in the whole Pacific region to be declared completely 'open defecation free'.³⁶⁵

364 JMP data available from <https://washdata.org/data#!> [01.08.17].

365 UNICEF. 2013. Kiribati: Tracking Progress in Maternal and Child Survival. Op. cit.

4.3. Hygiene practices

According to SDG Target 6.2, all countries in the PICTs region should, by 2030, aim to provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Hygiene promotion that focuses on key practices in households and schools (washing hands with soap after defecation and before handling food, and the safe disposal of children's faeces) is an effective way to prevent diarrhoea and other diseases, which in turn affect important development outcomes such as those related to child mortality and school attendance.³⁶⁶

The presence of a handwashing facility with soap and water on the premises has been identified as the priority indicator for global monitoring of hygiene under the SDGs.³⁶⁷ Households with such a facility meet the criteria for a **basic** hygiene facility (SDG 1.4 and 6.2).³⁶⁸ Households with a handwashing facility that lack water or soap are classified as having a **limited** facility, and are distinguished from households with no facility at all.³⁶⁹

Figure 4.8: JMP service ladder for improved hygiene services

| SERVICE LEVEL | DEFINITION |
|--------------------|---|
| BASIC | Availability of a handwashing facility on premises with soap and water |
| LIMITED | Availability of a handwashing facility on premises without soap and water |
| NO FACILITY | No handwashing facility on premises |

Note: Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.

Source: JMP³⁷⁰

366 See e.g. UN-Water Decade Programme on Advocacy and Communication Information Brief. Available at: http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash_eng.pdf [27.03.17].

367 Progress on drinking water, sanitation and hygiene. Op. cit. pp. 8-9.

368 Ibid.

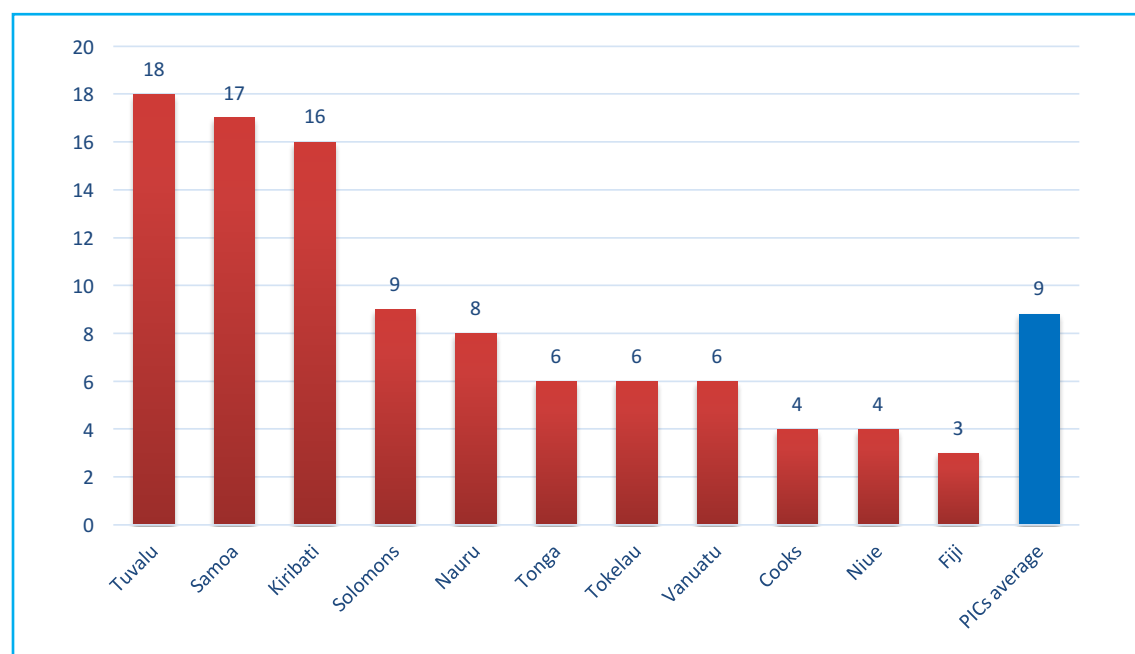
369 Ibid.

370 Ibid.

The GSHS implemented in 11 of the 14 PICTs, represent the most important publicly available, nationally representative data source on hygiene practices amongst children in the region. GSHS data from Samoa, Kiribati, the Cook Islands, Niue, Nauru, Solomon Islands, Tonga, Fiji, Tuvalu, Tokelau and Vanuatu show that a significant proportion of school children aged 13 to 15 do not wash their hands after using the toilet.

The data suggest that an average of 9 per cent of school children aged 13 to 15 had never or had rarely washed their hands after using the toilet or latrine in the 30 days before the survey.³⁷¹ Importantly, this data is self-reported, so it does not necessarily capture hygiene practices, and it is likely to overestimate the proportion of pupils washing their hands, due to social desirability bias. The data also reveal significant differences between countries. Figure 4.9 shows that in the Cook Islands, Niue, and Fiji, less than 5 per cent of students never or rarely wash their hands after using the toilet, compared to much higher proportions in Tuvalu (18 per cent), Samoa (17 Per cent) and Kiribati (16 per cent).³⁷²

Figure 4.9: Percentage of students aged 13 to 15 who report 'never or rarely' washing their hands after latrine use³⁷³



Source: GSHS 2010-2016

The GSHS data also reveal a significant difference between boys and girls aged 13 to 15 reporting that they never or rarely washed their hands after using a latrine (11 per cent of boys and 7 per

371 Data compiled from 11 GSHS factsheets. Op. cit.

372 Ibid.

373 The GSHS was not implemented in FSM, RMI or Palau.

cent of girls).³⁷⁴ These disparities were particularly large in Tuvalu, Nauru and Kiribati.³⁷⁵ Unfortunately, the GSHS data only capture reported hygiene behaviour of school children aged 13 to 15, so very little is known about children in other age groups and children that do not attend school.

If human faeces are not disposed of safely, diseases may spread by direct or animal contact.³⁷⁶ DHS) which have been implemented in 8 of the 14 PICTs, suggests that many households do not dispose of children's faeces in a safe and hygienic manner (by flushing them down the toilet or burying them). For example, the 2007 Marshall Islands DHS indicates that only 34 per cent of households dispose of children's faeces safely and hygienically, and that 38 per cent simply throw them into the garbage.³⁷⁷ Children's faeces are more likely to be hygienically and safely disposed of in urban areas (41 per cent), than rural areas (21 per cent), which may be because toilet facilities are generally more available in urban areas.³⁷⁸ Very similar findings emerge from the 2007 Nauru DHS.³⁷⁹

4.4. WASH in Schools

In schools where water and sanitation services are lacking, risky behaviour such as open defecation and poor hygiene practices can contribute to the spread of diseases.³⁸⁰ Furthermore, a lack of access to adequate water and sanitation facilities in schools can lower attendance and educational achievement.³⁸¹

Very little data are available on WASH in Schools (WinS) in the PICTs. However, there is limited evidence to suggest that access to improved water and sanitation facilities is severely limited in schools across the region. For example, a recent UNICEF publication using data from only 8 of the 14 PICTs suggests that only 23 per cent of schools have improved sanitation facilities, and that 22 per cent have no toilets.³⁸² Average water coverage in schools in these 8 PICTs was an estimated 56 per cent.³⁸³

The same publication also indicates that WinS coverage varies significantly between PICTs, with Niue and Palau having already achieved 100 per cent coverage rates, compared to RMI, where

374 Data compiled from 11 GSHS factsheets. Op. cit.

375 Ibid.

376 2007 Marshall Islands DHS report. p. 152.

377 Ibid.

378 Ibid.

379 2007 Nauru DHS report. p. 125.

380 See e.g. <http://www.pacificcrisa.org/2015/04/28/innovative-tools-for-water-supply-sanitation-and-hygiene-wash-a-priority-for-fiji-schools/> [02.06.17].

381 See e.g. http://www.who.int/water_sanitation_health/monitoring/coverage/monitoring-wash-in-schools/en/ [02.06.17].

382 UNICEF. 2015. Solomon Islands - Incorporating MHM into national WASH in schools policies and guidelines. p. 3. Available at: https://www.unicef.org/wash/schools/files/Solomon_Islands_-_Incorporating_MHM_into_national_WASH_in_schools_policies_and_guidelines.pdf [25.04.17]. Countries included are: Fiji, Kiribati, RMI, Niue, Palau, Solomon Islands, Tuvalu, and Vanuatu.

383 Ibid.

only 20 per cent of schools have water access and only 10 per cent have improved sanitation facilities.³⁸⁴

In Solomon Islands, which has some of the worst WASH indicators in the region, schools also suffer from very low WASH coverage. A recent nation-wide baseline survey of WASH showed that only 58 per cent of schools had drinking water available on the premises. The survey also suggests that only 42 per cent of schools have water available continuously,³⁸⁵ and that, in 89 per cent of all schools, students must bring in their own drinking water when it is not available from the main source (8 per cent of schools do not have a main drinking water source on the premises).

The international guideline standard for student-to-toilet ratio in schools (which is also advocated in UNICEF's 3 Start Approach for WASH in Schools³⁸⁶) is 25:1 for girls and 50:1 for boys, when a urinal is also available.³⁸⁷ The baseline survey data from Solomon Islands suggest average ratios of 48:1 for girls and 64:1 for boys.³⁸⁸ This highlights stark gender differences, with the ratio for girls being significantly further from international standards. Evidence suggests that inadequate toilet-to-student ratios contribute to absenteeism by female students in particular, who prefer to use home toilets instead of overused and filthy school latrines.³⁸⁹

In Nauru, the National Water, Sanitation and Hygiene Policy, adopted in 2012, suggests that schools are frequently forced to close because they have no water for drinking and toilet flushing, and that theft of water from schools is a major issue.³⁹⁰

In FSM, a key informant from the National Office of Environment and Emergency Management in Palikir highlighted the vulnerability of WASH facilities in schools to extreme weather events, and the long-lasting impacts that disasters can have on children's education.

*"Schools had to close down [after Typhoon Maysak in 2015] because of sanitary conditions – the toilets were not working. Schools were closed for the whole school year on some islands – there was no school for these children for one year."*³⁹¹

384 Ibid.

385 Continuous supply was defined as schools always having water supply, whereas non-continuous supply was defined as schools having water supply "most, some, or none of the time."

386 UNICEF. 2013. Field Guide: The Three Star Approach for WASH in Schools https://www.unicef.org/wash/schools/files/UNICEF_Field_Guide-3_Star-Guide.pdf [10.07.17].

387 UNICEF. 2011. WASH in Schools Monitoring Package. Available at: https://www.unicef.org/wash/schools/files/wash_in_schools_monitoringpackage_.pdf [10.07.17], p. 25.

388 Water Institute et al. 2017. Solomon Islands Rural Water, Sanitation and Hygiene Baseline Report. March 2017. DRAFT, p. 35-36.

389 UNICEF. 2012. WASH in Schools Empowers Girls' Education, p.24. https://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference.pdf [12.04.17].

390 Republic of Nauru. 2011. Draft National Water, Sanitation and Hygiene Policy, p. 5. Available at: http://nauruenv.appspot.com/file/page/Nauru_per_cent20Draft_per_cent20Water_per_cent20Policy_per_cent202011_per_cent2009_per_cent2005.pdf [12.04.17].

391 KII with representative from the National Office of Environment and Emergency Management, Palikir, May 2017.

4.5. Menstrual hygiene management

Limited access to sanitary protection materials and a lack of appropriate WASH facilities in schools have been shown to negatively affect girls in several ways: by leading to bullying and harassment; reducing self-confidence, concentration and attendance during menstruation; and even causing school drop-out.³⁹² Despite the importance of addressing the issue of menstrual hygiene management (MHM), there appears to be very little information on MHM programmes for girls and young women in the PICTs region.

A recent regional report on MHM in East Asia and the Pacific examines MHM in Fiji, Kiribati, Solomon Islands and Vanuatu. The report suggests that only Solomon Islands has made good progress in initiating formative research on MHM.³⁹³ Table 4.10 summarises the findings of the regional study.³⁹⁴ Note that no progress has been achieved in the provision of teaching and learning materials on MHM in any of the four PICTs.³⁹⁵

Table 4.10: Snapshot of progress on MHM in four PICTs³⁹⁶

| | 1 No progress | 2 A start has been made | 3 Reasonable progress | 4 Good progress |
|--|------------------|----------------------------|--------------------------|--------------------|
| | Solomon Islands | Fiji | Vanuatu | Kiribati |
| Government leadership on MHM, coordination and MHM in policies | 4 | 4 | 1 | 3 |
| Formative research on MHM | 4 | 1 | 1 | 2 |
| MHM in the curriculum | 2 | 1 | 2 | 2 |
| Teacher training relevant to MHM | 1 | 1 | 3 | 2 |
| Teaching and learning materials on MHM | 1 | 1 | 1 | 1 |
| School WASH facilities | 3 | 3 | 3 | 1 |
| Stakeholder engagement on MHM | 4 | 3 | 3 | 2 |

Source: UNICEF 2016

392 See e.g. UNICEF. 2016. Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Realities, progress and opportunities, UNICEF East Asia and Pacific Regional Office (EAPRO), Bangkok, Thailand. Available at: https://www.unicef.org/eapro/MHM_Realities_Progress_and_OpportunitiesSupporting_opti.pdf [05.05.17].

393 Ibid. p. 14.

394 Ibid.

395 Ibid.

396 Ibid.

In the Solomon Islands, a recent UNICEF-supported study on MHM in schools in Honiara and Guadalcanal Province found that dominant social norms may inhibit open discussion about menstrual hygiene in schools, and that knowledge about MHM remains very limited amongst school teachers. The study identified these factors as key barriers to girls' access to adequate hygiene and sanitation in schools, leading to absenteeism during menstruation, distraction in classrooms, embarrassment and shame.³⁹⁷

In Marshall Islands, anecdotal evidence suggests that access to adequate and modern menstrual hygiene products is limited, especially on the Outer Islands. According to one observer, women sometimes have access to sanitary napkins, and "often they need to make do with cut-up disposable diapers, or scraps of material."³⁹⁸ Menstruation is seen as a 'women's issue' and considered taboo – not to be discussed in the presence of men.³⁹⁹

In Nauru, anecdotal evidence suggests that female refugees and asylum seekers detained in the Australian-run Regional Processing Centre have very limited access to menstrual hygiene products, but Australia's Immigration and Border Protection department has rejected these claims as incorrect.⁴⁰⁰

4.6. WASH access for children with disabilities

For most PICTs, quantitative data are not available on access to WASH for persons living with disabilities or other disadvantaged groups.

In Solomon Islands, a recent baseline survey on WASH in rural areas found that very few water sources and toilets at schools are accessible by students with disabilities, and that patients with disabilities face similar access barriers in health facilities. The report notes that many patients visiting healthcare facilities may have a disability or limited mobility, for example, expectant mothers.⁴⁰¹

4.7. Barriers and bottlenecks

Even though data on the PIC WASH sector is quite limited, existing evidence suggests that there are several key structural barriers and bottlenecks that could prevent the PICTs from progressing in WASH.

397 UNICEF. 4th MHM Virtual Conference 22-23 October 2015. Solomon Islands. Incorporating MHM into national WASH in schools policies and guidelines: MHM in WinS Study. Available at: https://www.unicef.org/wash/schools/files/Solomon_Islands_-_Incorporating_MHM_into_national_WASH_in_schools_policies_and_guidelines.pdf [13.03.17]

398 Saunders, A. 2016. *Cookhouse Confidential: Menstruation in a Tropical Paradise*. Reuters Trust, 18 May 2016. Available at: <http://news.trust.org/item/20160518051429-kf7py> [05.05.17].

399 Ibid.

400 The Canberra Times. October 2015. *Menstrual cups mooted as Nauru's asylum seekers suffer sanitary product restrictions*. Available at: <http://www.canberratimes.com.au/act-news/menstrual-cups-mooted-as-naurus-asylum-seekers-suffer-sanitary-product-restrictions-20151014-gk8ugc.html> [13.04.17].

401 Water Institute et al. Op. cit. p. 47.

4.7.1. Geography

A major challenge facing the WASH sector in the PICTs is the very high cost and administrative difficulty of delivering services and implementing programmes to populations dispersed across remote island groups, many of which have very minimal infrastructure and transportation links.⁴⁰²

4.7.2. Financing

Inadequate financing is also a likely key barrier to more rapid progress in improving access to WASH in many PICTs. Unfortunately, detailed information on WASH financing is not available, as most PICTs do not participate in the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), which includes indicators for measuring the adequacy of funding.⁴⁰³ Data from Fiji, Solomon Islands, Tonga and FSM (the only four PICTs that participated in the latest [2017] GLAAS exercise) suggest that current WASH funding levels are generally inadequate to meet national targets for sanitation and drinking water.⁴⁰⁴

Heavy reliance on external funding for WASH programming also raises questions of financial sustainability. The 2017 GLAAS report found that Vanuatu and Solomon Islands have amongst the world's most heavily donor-reliant WASH sectors. In Vanuatu, external sources accounted for an estimated 94 per cent of total WASH expenditure in 2016, and in Solomon Islands, external sources made up 36 per cent of total WASH expenditure in 2017⁴⁰⁵ (only 11 countries worldwide receive 20 per cent or more of their WASH financing from external sources).⁴⁰⁶ US-associated FSM would struggle to implement planned WASH projects without support from the US Government.⁴⁰⁷ With the Second US Compact fund due to be phased out in 2023, FSM's WASH sector urgently needs to become financially self-sustaining.⁴⁰⁸

Evidence on WASH financing for countries not included in the GLAAS exercise remains limited. In Kiribati, WASH financing is reportedly insufficient and overly dependent on external donors.⁴⁰⁹ A 2011 report criticises the lack of cost recovery mechanisms in urban and rural water systems as a key impediment to sustainable WASH financing in the country.⁴¹⁰

402 See e.g. ISF-UTS (2011) Kiribati Water, Sanitation and Hygiene Sector Brief. Op. cit.

403 See <http://apps.who.int/iris/bitstream/10665/254999/1/9789241512190-eng.pdf?ua=1> page 2 [02.06.17].

404 2017 UN Global Annual Assessment of Sanitation and Drinking-Water, p. 67 and 69.

405 Ibid. p.20.

406 Ibid.

407 Johnston, M. et al. undated. Federated States of Micronesia IWRM Outlook Summary and NWTF Report. Available at: http://www.preventionweb.net/files/27083_fsmwatsanoutlook.pdf [22.05.17].

408 Ibid.

409 ISF-UTS. 2011. Kiribati Water, Sanitation and Hygiene Sector Brief. Op. cit.

410 Ibid.

4.7.3. Human resources

WASH sectors in several PICTs face human resources constraints. For example, a 2011 report suggests that Kiribati faces a shortage of skilled personnel to manage water and sanitation assets, and that training and capacity building are required in all aspects of sanitation management.⁴¹¹ Similar constraints were found in the Cook Islands, where rural areas particularly were identified as having problems attracting and retaining skilled workers in the WASH sector.⁴¹²

4.7.4. Climate and disaster risks

Rising sea levels and natural disasters such as cyclones, flooding and droughts are key risks facing the PICTs. A recent WHO assessment report concluded that key climate-sensitive health risks in the PICTs include waterborne diseases and fish-poisoning (ciguatera), which are affected by water safety.⁴¹³ Water safety therefore needs to be treated as a top priority in preventing and mitigating climate-sensitive health risks.

One of the greatest climate change-related risks for water safety is the decline in the predictability of rainfall patterns. This is because many PICTs rely heavily on rainfall as a source of drinking water.⁴¹⁴ For example, FSM's lower-lying islands are heavily reliant on consistent rainfall for their water supply (there are no piped water systems and households rely almost exclusively on rainfall catchment systems), making them vulnerable to droughts and rainfall shortages induced by El Niño weather systems.⁴¹⁵ In 2016, several islands in FSM (especially Yap and Chuuk) faced severe water shortages resulting from the worst El Niño-induced drought in recorded history.⁴¹⁶

RMI is also extremely reliant on consistent rainfall for its water supply. The northern atolls are particularly vulnerable to droughts and rainfall shortages during climatic extremes such as El Niño periods, which exacerbate an already very limited freshwater supply.⁴¹⁷ In early 2016, the President declared a national emergency, after the country received just a quarter of its usual rainfall between November and February, which forced some people to drink from coconuts and eat unripe breadfruit.⁴¹⁸

411 Ibid.

412 2015 GLAAS Report Cook Islands. Available at: http://www.who.int/water_sanitation_health/glaas/2014/cookisland-15-oct.pdf?ua=1 [12.04.17].

413 WHO. 2015. Human health and climate change in Pacific island countries. Op. cit. p. 66. p.70.

414 WHO. 2016. Sanitation, drinking-water and health in Pacific island countries. Op. cit.

415 SOPAC. 2007. IWRM National Diagnostic Report - Federated States of Micronesia. [http://www.pacificwater.org/userfiles/file/GEF per cent20IWRM per cent20Final per cent20Docs/MR0636fsm.pdf](http://www.pacificwater.org/userfiles/file/GEF%20IWRM%20Final%20Docs/MR0636fsm.pdf) [12.05.17].

416 See e.g. <http://www.radionz.co.nz/international/programmes/datelinepacific/audio/201795416/little-water-left-as-micronesia-struggles-with-long-drought> [05.05.17].

417 SPC Pacific Water. <http://www.pacificwater.org/pages.cfm/country-information/republic-of-marshall-islands.html> [05.05.17].

418 See The Guardian <https://www.theguardian.com/world/2016/apr/28/obama-marshall-islands-drought> [05.05.17].

In Palau, an El Niño-induced drought in early 2016 forced the Government to ration access to tap water to three hours a day in the capital, Koror (where 70 per cent of the population reside), and schools were only open half days because they could not provide students with sufficient drinking water.⁴¹⁹

In 2011, Tokelau's residents ran out of fresh water supplies because of a six-month dry spell and the salinization of underground water supplies (due to rising sea levels), which meant that a seven-day supply of bottled water shipped from Samoa was the only source of fresh water.⁴²⁰

In addition, rising sea levels, saltwater intrusion and contamination pose significant threats to safe water supplies in the PICTs region. For many PICTs, freshwater resources are confined to small and fragile groundwater lenses, small streams and rainwater. These scarce resources are vulnerable to overexploitation and contamination (through rising sea levels and inadequate sanitation), particularly in atoll environments.⁴²¹

In FSM, key informant interviews also point to the vulnerability of the water supply to extreme weather events such as typhoons. A representative from the National Office of Environment and Emergency Management in Palikir stated:

“Water resources are hit during typhoons such as Typhoon Maysak in 2015 – when it hit Chuuk’s outlying islands, the problem with water sources was that the community was advised to boil water, even from the water catchments, because flying debris went into water sources.”⁴²²

WHO estimates that water stresses caused by climate change will primarily affect rural communities with low socioeconomic status, as these communities are often heavily reliant on water resources for their livelihoods.⁴²³

4.7.5. Equity

Other important areas of concern relate to unequal access to WASH and inequities in resource allocation between different WASH sectors. Fiji, for example, is amongst the group of countries where WASH spending for sanitation (33 per cent of total WASH spending) is less than for drinking-water (67 per cent), even though more people are without access to improved

419 News.com.au. April 2016. Palau water shortage: Island paradise of 18,000 about to run out of water. <http://www.news.com.au/travel/travel-updates/palau-water-shortage-island-paradise-of-18000-about-to-run-out-of-water/news-story/dd9c92cc9fa06517726bedb5f60ece74> [05.05.17].

420 See e.g. <https://www.theguardian.com/environment/2011/oct/04/south-pacific-water-crisis-rainfall> [19.04.17].

421 See UNICEF. 2014. UNICEF Office for Pacific Island Countries WASH & Resilience. Draft. Available at: <https://rsr.akvo.org/media/db/project/3668/document/WASH%20resilience%20PICTs%2029%20Oct%202014.pdf> [10.07.17].

422 KII with representative from the National Office of Environment and Emergency Management, Palikir, May 2017.

423 WHO. 2016. Sanitation, drinking-water and health in Pacific island countries. Op. cit. p.58.

sanitation than access to drinking water from an improved source.⁴²⁴ In other words, there is a mismatch between WASH needs and WASH budget targeting.⁴²⁵

4.7.6. Gender norms

Traditional gender norms were found to have a significant impact on WASH outcomes, often to the detriment of women and girls. In RMI, for example, menstruation is seen as a ‘women’s issue’ and considered taboo, which means that access to menstrual hygiene products is not prioritised.⁴²⁶ Similarly, in Solomon Islands, gendered social norms were found to inhibit open discussion about menstrual hygiene in schools, leading to absenteeism during menstruation, distraction in classrooms, embarrassment and shame.⁴²⁷

Limited access to improved water sources is likely to disproportionately affect women and girls, as they are usually expected to do the bulk of unpaid labour in fetching water, which may involve several hours of walking in remote, rural areas.⁴²⁸ In Vanuatu, for example, it was found that improvements in piped water access in one community reduced the incidence of domestic violence, because disputes – at times violent – had often arisen when women asked their husbands to help fetch water.⁴²⁹ Unfortunately, robust quantitative data on the gendered burden of water fetching in the PICTs region are not available.

4.7.7. Community awareness

Evidence from Nauru⁴³⁰ and RMI⁴³¹ suggests that community engagement and awareness are relatively low in relation to water protection, efficiency and quality, and sanitation’s impact on the environment. Increasing community awareness about WASH issues will be key to reducing wastage and contamination, and crucial for addressing demand-side constraints related to sanitation and hygiene practices.

424 GLAAS 2014 report http://www.who.int/water_sanitation_health/publications/glaas-report-2014/en/ [21.03.17].

425 Ibid.

426 Saunders, A. 2016. Op. cit.

427 UNICEF. 4th MHM Virtual Conference 22-23 October 2015. Op. cit.

428 Willetts et al. 2009. How do we better address gender in Pacific water and sanitation initiatives? Vanuatu Case Study. World Vision. http://www.genderinpacificwash.info/system/resources/BAHbBlSHOGZmljwyMDExLzAxLzExLzIxLzMyLzQ5LzZ3Ni9pc2ZfaXdkYV92YW51YXR1X2NhczVfc3R1ZHkucGRm/isf_iwda_vanuatu-case-study.pdf [10.07.17].

429 Ibid.

430 Government of Nauru. Undated (published after 2011). Mid-Term Report of the Nauru GEF Pacific IWRM Demonstration Project. Available at: <http://www.pacific-iwrm.org/mid-term-reports/GEF-Pacific-IWRM-Nauru-Draft-Mid-Term-Report.pdf> [05.05.17].

431 SOPAC et al. 2007. Op. cit.

4.7.8. Conflict and land disputes

In Solomon Islands, which has some of the worst WASH indicators in the region, armed conflict and land tenure disputes have hindered progress in WASH. For example, a 2011 report notes that an underlying reason for slow progress in WASH coverage is related to the widespread damage of infrastructure that occurred during the country's armed conflicts.⁴³² Furthermore, given the recent history of conflict, external donor assistance appears to have prioritised law and justice, governance and economic development programmes, to the detriment of investment in the WASH sector.⁴³³

Land tenure disputes in Solomon Islands have led to water and sanitation systems being deliberately vandalised. Freshwater resources are managed by the Government, but mostly owned by private landlords. In Honiara, for example, landowners frequently disrupt the water supply to protest outstanding payment of water leases by the Government.⁴³⁴ In Kiribati, the Government has attempted to restrict individuals' land use rights to safeguard publicly-used freshwater supplies, which has been met with fierce resistance from landowners.⁴³⁵

432 ISF–UTS. 2011. Solomon Islands Water, Sanitation and Hygiene Sector Brief. Op. cit.

433 Ibid.

434 Ibid.

435 Ibid. p. 3.

5.

Education

5.1. Context

The right to education is a fundamental human right, enshrined in Articles 28 and 29 of the CRC and Article 13 of ICESCR. According to the UN Committee on Economic, Social and Cultural Rights, the right to education encompasses the following “interrelated and essential features”: availability; accessibility; acceptability; and adaptability.⁴³⁶ The right to education is also contained in the SDGs, which recognise that “quality education is the foundation to improving people’s lives and sustainable development.” SDG 4 requires States to “ensure inclusive and quality education for all and promote lifelong learning.” The SDGs build upon the MDGs and UNESCO’s Education for All (EFA) goals, which are referenced in section.

| SDGs | Targets | Indicators |
|------|---|---|
| 4.1 | By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes | Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex |
| 4.2 | By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education | Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex Participation rate in organized learning (one year before the official primary entry age), by sex |

⁴³⁶ UN Committee on Economic, Social and Cultural Rights, General Comment No. 13. 1999. The Right to Education, 8 December 1999, E/C.12/1999/10 (CESCR GC No. 13 (1999)), para. 6.

| SDGs | Targets | Indicators |
|------------|--|--|
| 4.3 | By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university | Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex |
| 4.4 | By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship | Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill |
| 4.5 | By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations | Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated |
| 4.6 | By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy | Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex |
| 4.7 | By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development | Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in: (a) national education policies, (b) curricula, (c) teacher education and (d) student assessment |
| 4.A | Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all | Proportion of schools with access to (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions) |

| SDGs | Targets | Indicators |
|------------|---|--|
| 4.B | By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries | Volume of official development assistance flows for scholarships by sector and type of study |
| 4.C | By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing states | Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country |

In addition to these rights and targets, the UN Office for Disaster Risk Reduction (UNISDR) and the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES) Comprehensive School Safety Framework set out three essential and interlinking pillars for effective disaster and risk management: safe learning facilities; school disaster management; and risk reduction and resilience education.⁴³⁷ These pillars should also guide the development of the education system in the PICTs, in light of the natural disaster and climate-related risks they face.

There are several general barriers to the attainment of the SDGs. First, the vast geographical dispersal of the islands and atolls constituting the PICTs seriously challenge equal access to quality education in, for example, the Cook Islands, FSM, Kiribati, RMI, Solomon Islands, Tokelau, Tonga and Vanuatu. In FSM, airline and shipping constraints between the islands cut the Outer Islands off from educational resources, school supplies and transport links.⁴³⁸ In RMI, where teacher training tends to take place in central urban areas, expensive travel from the Outer Islands inhibits teachers from attending professional development opportunities. Similar challenges are faced in Tokelau, where the long distances, costs and time needed for transporting teachers between atolls to attend in-service training hinders teacher development.⁴³⁹ In the Cook Islands, the Ministry of Education (MoE) faces the challenge

437 UNISDR and GADRRRES, 2017. *A global framework in support of The Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and The Worldwide Initiative for Safe Schools*, January 2017, http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf on 24 January 2017.

438 Federated States of Micronesia, Education for All, National Plan, 2015, p 15; UNICEF, Children in the Federated States of Micronesia, An Atlas of Social Indicators, 2013, p. 24.

439 Government of Tokelau and UNDO, *Tokelau Millennium Development Report 2012*, p. 17.

of reaching pupils in isolated areas,⁴⁴⁰ particularly in light of the decreased number of flights to the Outer Islands and increased overhead travel costs.⁴⁴¹ As a result pupils on the Outer Islands do not have access to a sufficient range of subjects, particularly at secondary level.⁴⁴² Of significant concern, are the safety hazards faced by children who must travel between atolls to attend school (for example, in Tokelau), and the Internet connectivity issues that hinder the development of online/remote training alternatives to address these challenges. These challenges are exacerbated by others issues relating to teacher qualifications across the PICTs, leading to concerns over quality of services.

The geographical dispersal of the PIC islands adds to the burden of the second key barrier, concerning the collection of reliable data and monitoring education services. For example, FSM has inconsistent processes and tools for collecting data in its four States, which is compounded by late submissions of data between schools and the Departments of Education at national and State level.⁴⁴³ This challenge is a particular issue for the Outer Islands, where modes of data transmission are unreliable (VHF radio, ship and small aircraft).⁴⁴⁴ Similarly, in Fiji, the MoE has limited capacity to monitor rural and remote schools, as supervisory staff are required to spend considerable time travelling to and from these hard-to-reach locations.⁴⁴⁵ Tonga faces a similar challenge.⁴⁴⁶

Third, several PICTs (notably FSM, RMI, the Cook Islands, Niue, Solomon Islands, Tonga, Vanuatu and Tuvalu) are heavily reliant on external donor funding and technical assistance to support their education activities, raising questions of the sustainability of development initiatives. In Tuvalu, for example, where external funding steadily increased from US\$4.9 million in 2012 to US\$6.8 million in 2015 (although it decreased as proportion of the Ministry of Education, Youth and Sport's total funds),⁴⁴⁷ one of the biggest sustainability challenges for the education system is high vulnerability to external economic shocks due to its dependence on external donor funding.⁴⁴⁸ In Solomon Islands, there has been partial or non-implementation of many reform initiatives and policies to improve access to and quality of primary and secondary schooling. This is partly due to a reliance on external expertise and support, rather than building internal MoE capacity to research and evaluate progress, and to manage and implement reform activities such as curriculum design, although these challenges have been recognised as areas for improvement in the National Education Action Plan 2016-2020.⁴⁴⁹

Fourth, in many PICTs, particularly FSM, the Cook Islands, Kiribati, Tonga and Tuvalu, insufficient funds are being allocated towards developing the education sector, or are not being distributed to those aspects of the system that most need investment. For instance, in Tonga, the Ministry of Education and Training (MOET) budget for primary education covers the cost of teacher salaries

440 MoE, *Cook Islands Education For All 2015 National Review*. Op. cit. p. 24.

441 Ibid. p 10.

442 Ibid. pp 21 and 45.

443 Federated States of Micronesia, Education Sector, JEMCO, 2015, p. 2.

444 Ibid.; KII with representative from the National Department of Education, May 2017.

445 Ministry of Education, National Heritage, Culture and Arts, *Fiji EFA Progress Report for 2000-2015*, p. 10.

446 Tonga Millennium Development Goals Final Report 2015, p 53.

447 MoEYS, 2015 Statistical Report, p. 46.

448 MoEYS, Tuvalu Education for All National Review, 2015, p. 43.

449 See, e.g. MEHRD, National Education Action Plan 2016-2020, p. 18.

and materials but leaves little for upgrading school facilities, equipment and teaching materials, resulting in a reliance on parent-teacher associations and local communities to fund these areas.⁴⁵⁰ This has been identified as a significant barrier to developing quality primary education in PICTs, particularly in socio-economically deprived communities.⁴⁵¹

Disaster and climate risks represent the fifth general barrier to attaining the education SDGs. The destruction of schools by disasters and climate events disrupts school attendance. In Vanuatu, for example, several schools in Shefa and Tafea provinces were damaged by Cyclone Pam in 2015, and children in these two provinces could not go to school for a month.⁴⁵² Disaster and climate events also destroy homes and livelihoods, causing displacement of families and urban drifts, such as in the Cook Islands, resulting in further overcrowding of schools and multi-grade classrooms in these areas.⁴⁵³ School attendance may also be disrupted as schools are used as emergency evacuation shelters, such as in Solomon Islands.⁴⁵⁴ In addition, climate and disaster events can have a profound psychological impact on children, and discourage them from going to school. For instance, it has been reported that in Samoa, disaster and climate events, such as the 2009 tsunami, have affected the physical and psychological wellbeing of children, who preferred to remain at home than attend school during these events.⁴⁵⁵ Climate and disaster events may also cause significant disruption to online remote learning programmes being developed to address geographical barriers, which depend on good connectivity.

PICTs are nevertheless taking important steps to develop education systems and learning outcomes. The following sections assess the situation of children in the PICTs at each tier of education (early childhood education; primary and secondary education; and tertiary and vocational education), and analyse the key barriers and bottlenecks that need to be addressed to achieve the right to education and attainment of SDG 4.

5.2. Early childhood education

According to the SDGs, by 2030, States are required to ensure that “all girls and boys have access to quality early childhood development, care and preprimary education so that they are ready for primary education.” EFA goal 1 also requires the expansion and improvement of comprehensive early childhood care and education (ECCE), especially for the most vulnerable and disadvantaged children. This section provides an assessment and analysis of early childhood education (ECE), as opposed to ECCE.⁴⁵⁶

450 Tonga Millennium Development Goals Final Report. Op. cit. pp. 54-55.

451 Ibid.

452 MOET and UNICEF, *Situational Analysis 2012*, p. 10.

453 MoE, *Cook Islands Education For All 2015 National Review*. Op. cit. pp. 44-45.

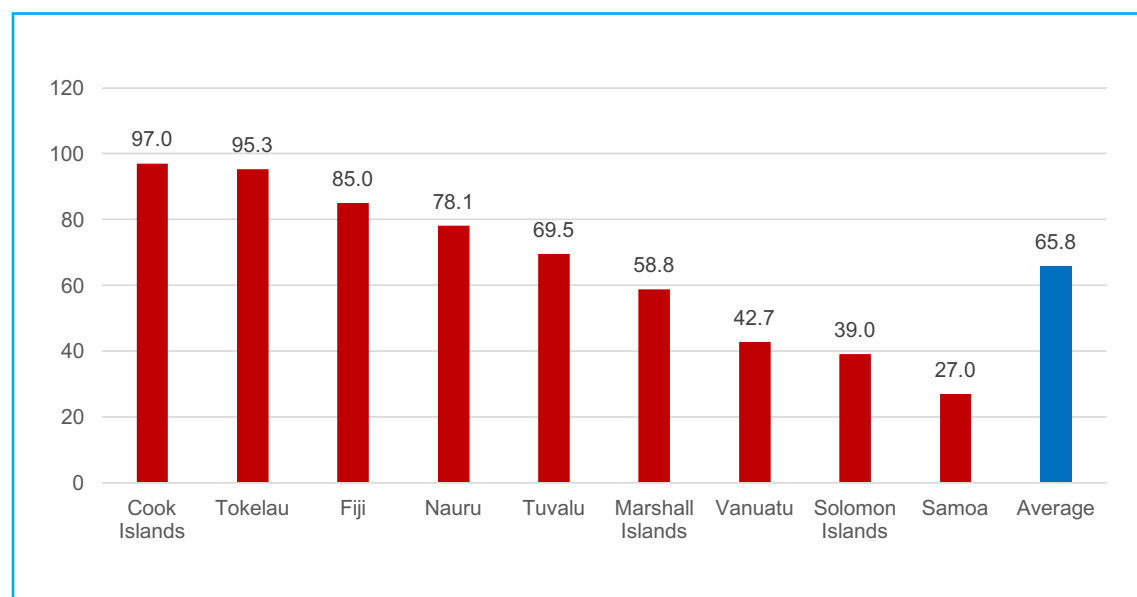
454 See for example, Save the Children, *Solomon Islands: Thousands of children miss out on education*, 9 April 2014, <https://www.savethechildren.net/article/solomon-islands-thousands-children-miss-out-education> on 30 March 2017.

455 Education for All 2015 National Review, p. 26.

456 Varying data collection practices and data gaps concerning the provision of ECE in the PICTs makes it difficult to identify regional trends in ECE and conduct a comprehensive analysis of the barriers and bottlenecks that contribute to inequity in the realisation of this right. Data gaps are highlighted in more detail in the individual SitAn reports for each PIC.

PICTs need to strengthen efforts to achieve SDG 4.2 by 2030. Figure 5.1 shows that, based on the most recent PIC data (noting that figures are from different years, and that figures for FSM, Kiribati, Niue, Palau and Tonga are unavailable),⁴⁵⁷ the average ECE net enrolment rate (NER) for the region is 65.8 per cent. This modest average indicates that a significant proportion of ECE-aged children are not enrolled in formal ECE. The NER varies significantly across the nine PICTs for which data are available, from almost universal enrolment in the Cook Islands (97 per cent in 2016), to Samoa (27 per cent in 2016).

Figure 5.1: ECE net enrolment rate (%)⁴⁵⁸

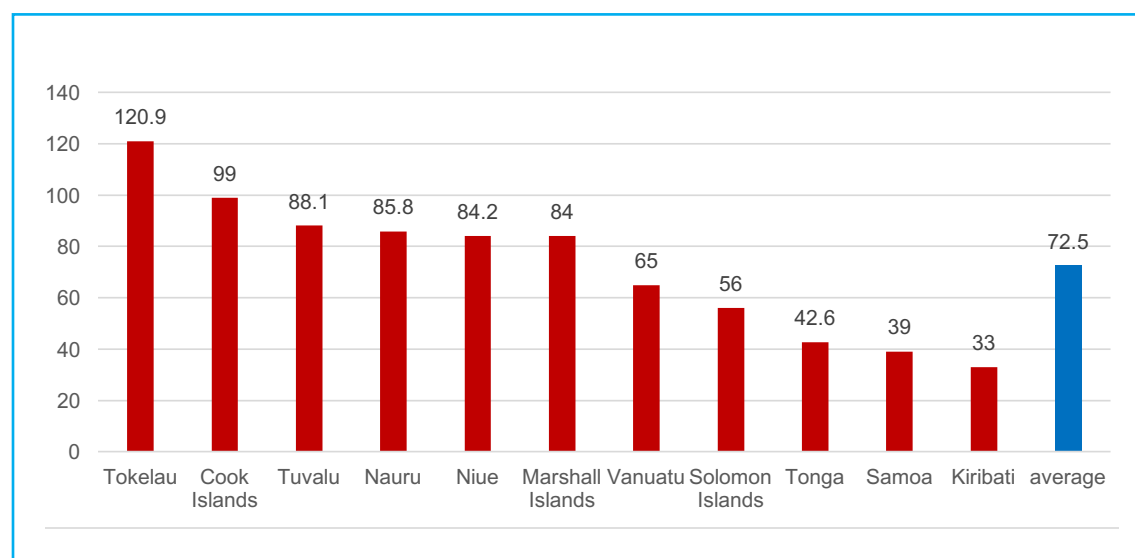


Source: NMDI

ECE gross enrolment rates (GERs) similarly highlight concerns about ECE participation in the region. Figure 5.2 shows the average ECE GERs for the PICTs (noting that figures are from different years, and that data for Fiji, FSM and Palau are unavailable) is 72.5 per cent. The ECE GER also varies significantly between the PICTs, from 120.9 per cent in Tokelau to 33 per cent in Kiribati. Tokelau is the only PIC of the 12 represented in Figure 5.2 with a GER over 100 per cent, indicating that a significant proportion of children enrolled in ECE fall outside (and most likely above) the official ECE age group.

457 Data source: Pacific Regional Information System, *National Minimum Development Indicators*, <https://www.spc.int/nmdi/education> on 31 May 2017; and National EFA Report for the Marshall Islands 2015.

458 Ibid.

Figure 5.2: ECE gross enrolment rate (%)⁴⁵⁹

Source: NMDI

Data suggest that ECE enrolment also varies within individual PICTs. Reports suggest disparities in enrolment rates between urban and rural areas of the Cook Islands, with ECE enrolment being particularly low in smaller, more isolated communities.⁴⁶⁰ Similarly, in Tonga, ECE participation rates are reportedly particularly low in the remote islands of Ha'apai.⁴⁶¹ There are also clear geographical disparities in ECE enrolment in Vanuatu, where the ECE NER ranges from 45.5 per cent in Torba to 58.5 per cent in Tafea.⁴⁶²

Although gender-disaggregated data on ECE enrolment is not available for all PICTs, where it is available, ECE enrolment is generally even for boys and girls, except in the Cook Islands and Samoa, where higher proportions of females enrol. In the Cook Islands in 2016, the GER was 102 per cent for girls and 96 per cent for boys, and the NER 100 per cent for girls and 94 per cent for boys.⁴⁶³ In Samoa, where ECE enrolment is far lower than in Cook Islands, disaggregated enrolment figures show that a higher percentage of girls than boys are enrolled in ECE centres: a pattern that remained consistent between 2012 and 2016.⁴⁶⁴ In 2016, the GER was 37 per cent for boys and 40 per cent for girls, and the NER 26 per cent for boys and 29 per cent for girls.⁴⁶⁵

⁴⁵⁹ Ibid.⁴⁶⁰ MoE, *Cook Islands Education For All 2015 National Review*. Op. cit. p. 17.⁴⁶¹ Brinkman, S. and Thanh Vu, Binh, 2017. *Early Childhood Development in Tonga*.⁴⁶² MOET, *Annual Statistic Digest 2015*, p. 26.⁴⁶³ MoE, *Statistics Report 2016*, p. 5.⁴⁶⁴ Ministry of Education, Sports and Culture, *Education Statistical Digest 2016*, p. 2.⁴⁶⁵ Ibid.

A key barrier to equal access to ECE in several PICTs (the Cook Islands, Fiji, FSM, Kiribati, Palau, Tokelau, Tuvalu, Samoa, Solomon Islands and Vanuatu), is that the provision of ECE has not been made compulsory by law. Further, in the Cook Islands, Kiribati, Samoa, Solomon Islands, Tuvalu and Vanuatu, ECE operates alongside but is not necessarily embedded within the formal education system and is operated by local communities, the church and other private organizations. In Kiribati and Solomon Islands, for example, all ECE centres are community- or church-managed, while in Fiji, despite the introduction of a requirement that all primary schools have an ECE centre attached, some centres operate independently of MoE institutions. The reliance on local communities and private enterprise reinforces low government investment in the sector and the dependence of ECE institutions on school fees and external funding, which is contributing to poor access and quality of ECE, particularly in poorer areas. Whilst government grants are offered to support these schools in Fiji, Samoa, Solomon Islands, Tuvalu and Vanuatu, the size of and eligibility to funding is reportedly limited, so ECE institutions continue to rely on parental fees and the wealth of the community to survive. FSM and Solomon Islands, for example, have a shortage of ECE centres, which tend to be skewed towards urban areas. The long distances children and their families are consequently required to travel to attend ECE further drives low enrolment rates in these PICTs.

ECCE quality varies significantly between and within the PICTs, and is driven by a range of factors, including poor infrastructure (e.g., in Kiribati, Samoa, Tuvalu and Vanuatu), and insufficient government investment and limited funding (particularly in Kiribati, FSM, Fiji, Niue, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu).

Poor standards of teaching are a further barrier to ensuring the provision of quality education in many PICTs, particularly the Cook Islands, Fiji, Kiribati, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu. Key barriers include the need to strengthen pedagogical understanding and training in delivering the ECE curriculum, poor remuneration (particularly in Solomon Islands, Samoa and Vanuatu, which rely on community funding and parental fees for survival), and limited regular training opportunities for ECE teachers, notably in Kiribati, Solomon Islands, Samoa, Tokelau and Tonga.

The limited human resource capabilities and skills capacities of MoEs in several PICTs are barriers to effective ECE monitoring. In most PICTs, only registered ECE centres are included in MoE databases, and, with low rates of registration and poor implementation of registration procedures, data are often incomplete. For instance, in Vanuatu, a 2012 MOET-UNICEF Situational Analysis of Early Childhood Education highlighted that there was only one 'national preschool coordinator' within the MOET, supported by only six provincial staff members with varying capacities. This makes ECCE centre monitoring and ECCE teacher mentoring difficult, particularly as regional staff are not reimbursed for travel expenses.⁴⁶⁶ Monitoring and mentoring capacity is much needed, since the Vanuatu National EFA Review 2015 highlights a need for MOET to develop closer partnerships with local communities and other ECCE service providers to ensure that ECCE remains a priority target.⁴⁶⁷ Similarly, in Fiji, data collection relies on the commitment of ECCE management and staff to submit returns to the MoE.⁴⁶⁸ This is exacerbated by a lack of capacity at MoE at the

466 MOET and UNICEF, *Situational Analysis 2012*. Op. cit. pp. 2-3.

467 MOET, *Vanuatu Education for All National Review*, 2015, p. 34.

468 Ministry of Education, National Heritage, Culture and Arts, *Fiji EFA Progress Report for 2000-2015*, pp. 17 and 45.

district level to monitor ECCE centres; with only two 'ECE officers' overseeing over 700 ECCE centres across the country.⁴⁶⁹

Although there is limited data on the cultural barriers to ensuring equal ECE provision, reports relating to Vanuatu and Tonga suggest that negative or indifferent attitudes are a factor discouraging parents from sending their children to ECE. In Vanuatu, perceptions of the quality and relevance of ECE may be contributing to low NER, as a 2013 Knowledge, Attitudes and Practices study found that 61 per cent of respondent mothers reported that their child had learned 'a little' from kindergarten, whilst 13 per cent reported that their child did not learn much at all.⁴⁷⁰ Similarly, in Tonga, attitudes of parents towards the lack of importance of ECE attendance appears to be contributing towards low enrolment rates.⁴⁷¹

5.3. Primary and secondary education

EFA goals and SDGs include targets on primary and secondary education. According to SDG 4.1, by 2030, all girls and boys shall complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

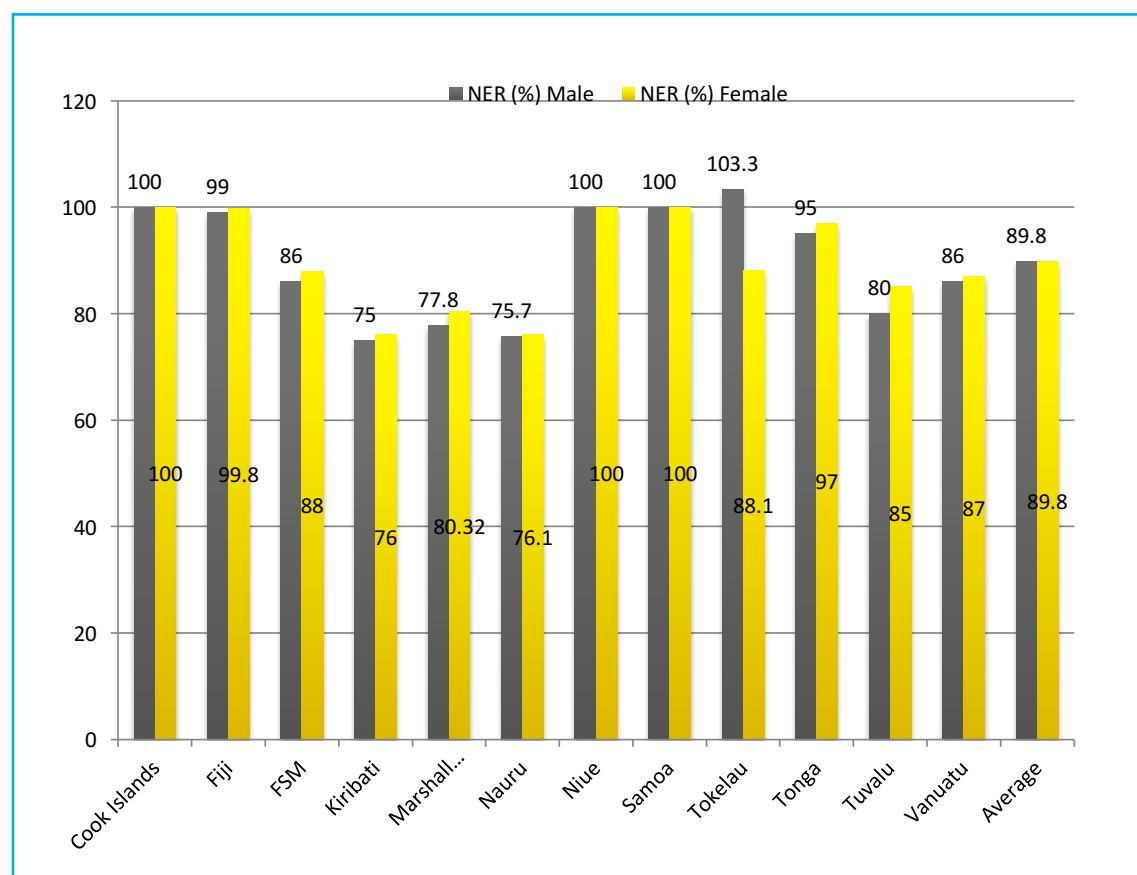
Continued effort is required to achieve universal primary school enrolment across all PICTs. Disaggregated NERs were available for all PICTs except Palau and Solomon Islands, and are presented in Figure 5.3.⁴⁷² Of these 12 PICTs, only the Cook Islands, Niue and Samoa achieved universal primary education for both boys and girls, although Fiji (99 per cent for boys and 99.8 per cent for girls) and Tonga (95 per cent for boys and 97 per cent for girls) were also very close to achieving this target. The average primary NER for the 12 PICTs is a reasonably high 89.8 per cent for both boys and girls. However, six of the PICTs (FSM, Kiribati, RMI, Nauru, Tuvalu and Vanuatu) fall short of the regional average for boys. The same six PICTs and Tokelau fall short of the regional average primary NER for girls (89.8 per cent), indicating that reinvigorated effort is required, particularly in these seven PICTs, to ensure universal primary enrolment and the attainment of SDG 4.1.

469 Ibid.

470 MOET and UNICEF, *Study of Parental Knowledge, Attitudes and Practices related to Early Childhood Development*, 2013, p. 36.

471 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 52.

472 Data sources: Pacific Regional Information System, *National Minimum Development Indicators*. Op. cit. UNICEF SOWC 2016; Ministry of Education of the Government of Fiji, *National Education for All Report 2000-2015*. Data for each PIC relates to the following years: the Cook Islands, 2016; Fiji, 2013; FSM, 2010-2014 (unknown year); Kiribati, 2012; RMI, 2016; Nauru, 2015; Niue, 2013; Samoa, 2016; Tokelau, 2016; Tonga, 2010-2014 (unknown year); Tuvalu, 2015; Vanuatu, 2015

Figure 5.3: Primary NER (%)⁴⁷³

Source: NMDI; SOWC; MoEs

Figure 5.3 shows that the primary NER in most of the PICTs is generally even between boys and girls, except Tokelau and Tuvalu which have the biggest gender disparities (15.2 per cent for Tokelau in favour of males; 5 per cent for Tuvalu in favour of girls); indicating that gender inequity in accessing primary education is a significant concern in these PICTs.

Although disaggregated primary NER rates were unavailable for Palau and Solomon Islands, they are close to achieving universal primary education. In 2016, the primary NER in Solomon Islands was 92 per cent.⁴⁷⁴ The primary NER in Palau was 90 per cent in 2011,⁴⁷⁵ so this figure requires updating.

The average primary GER for all 14 PICTs (108.6 per cent for boys and 108.2 per cent for girls) is significantly higher than the regional average NER for the 12 PICTs mentioned above (89.8 per

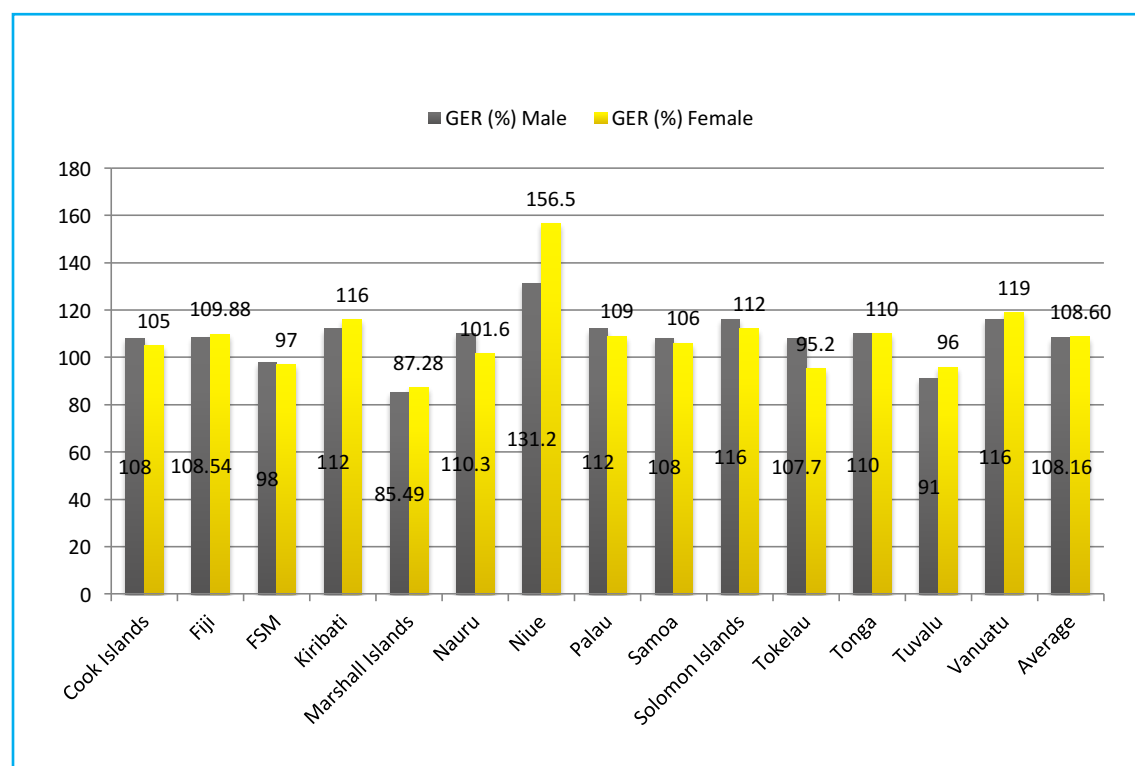
473 Ibid.

474 Solomon Islands, Ministry of Education Digest, SIEMIS Data 2016, cited in Pacific Regional Information System, *National Minimum Development Indicators*. Op. cit.

475 Ministry of Education of Palau, Statistical Yearbook 2011, cited on the website of the Pacific Regional Information System. Op. cit. retrieved from <https://prism.spc.int/reports/education> on 1 June 2017.

cent). This suggests that a significant proportion of primary school pupils fall outside the official age group for primary schooling. Figure 5.4 shows that most PICTs have GERs of over 100 per cent for both boys and girls: reinforcing the scale of this issue.

Figure 5.4: Primary gross enrolment rate (%)⁴⁷⁶



Source: NMDI

Although the average GER for boys and girls across all 14 PICTs is virtually even, it is clear from the individual PIC figures that gender disparities exist. The Cook Islands, Kiribati, Nauru, Palau, Solomon Islands, Tokelau, Tuvalu and Vanuatu all have a disparity between male and female GERs of 3 per cent or more. The GERs in Niue are particularly concerning, as they are significantly higher than those of other PICTs, and the female GER exceeds the male GER by some 25.3 per cent.

Despite the encouraging average NER and GER rates, to attain SDG 4.1 in the region, further attention must be placed on addressing the geographical disparities in enrolment rates within individual PICTs. For instance, in Vanuatu in 2015, Tafea province had the highest primary NER (93.5 per cent), whereas Torba province had the lowest at (79.1 per cent).⁴⁷⁷ Between 2014 and 2015, the primary NER decreased in Samna, Penama and Shefa provinces but increased in Tor-

476 Data sources: Pacific Regional Information System, *National Minimum Development Indicators*. Op. cit.

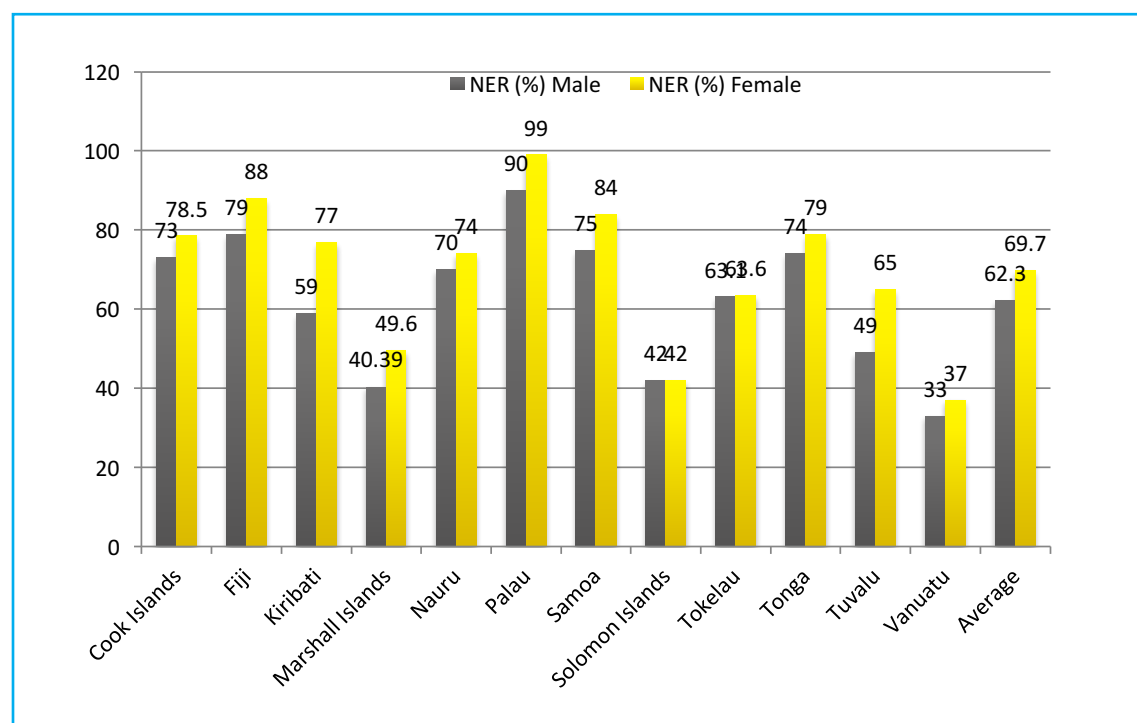
477 MOET, *Education Statistical Digest 2015*, p. 26.

ba, Malampa and Tafea provinces.⁴⁷⁸ Similar issues arise in the Cook Islands, where anecdotal evidence suggests geographical disparities in enrolment rates, requiring further investigation.⁴⁷⁹

Furthermore, these primary enrolment rates do not reveal issues concerning school drop-out or low survival and completion rates that prevail in several PICTs (notably Fiji, Kiribati, RMI, Nauru, Samoa, Solomon Islands and Vanuatu). For instance, in Solomon Islands, the survival rate to Year 6 was 70 per cent (2016 data), despite a high primary NER of 92 per cent in the same year.⁴⁸⁰

Low secondary enrolment rates are also a significant concern in the region, and further effort is required to improve secondary school participation, particularly for boys, to meet SDG 4.1. Figure 5.5 shows that the average secondary NER for the region (noting that recent disaggregated data for FSM and Niue is unavailable) is 62.3 per cent for males and 69.7 per cent for females. Compared to the average primary NER (89.8 per cent for boys and girls), the average secondary NERs appear particularly low (although caution should be exercised, as the disaggregated secondary NERs for Niue and FSM, had they been available, could have changed the average significantly).

Figure 5.5: Secondary NER (per cent)⁴⁸¹



Source: NMDI 2010-2016; SOWC 2016

478 Ibid.

479 MoE, *Cook Islands Education for All 2015 National Review*. Op. cit. p. 45.

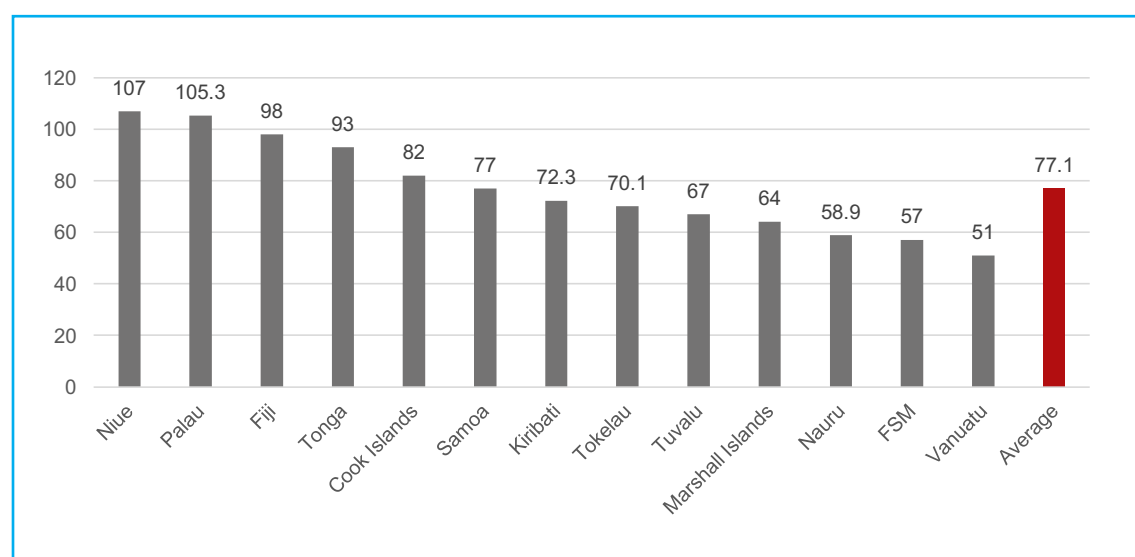
480 Solomon Islands, Ministry of Education Digest, SEIMIS Data 2016. Op. cit.

481 Data sources: Pacific Regional Information System, *National Minimum Development Indicators*. Op. cit.

The average secondary NERs indicate that a higher proportion of girls is enrolling in secondary school than boys. A closer look at the disaggregated NERs for individual PICTs also highlight far greater gender disparities in secondary than primary NERs and, with the exception of Solomon Islands, female net enrolment exceeds net male enrolment in all PICTs.

Recent disaggregated GERs for each PIC are not available. However, the combined GERs for the PICTs are set out in Figure 5.6, which shows that the issue of secondary pupils falling outside the official age group is particularly significant in Niue and Palau, where the GERs exceed 100 per cent.

Figure 5.6: Secondary gross enrolment rates⁴⁸²



Source: NMDI 2014-2016

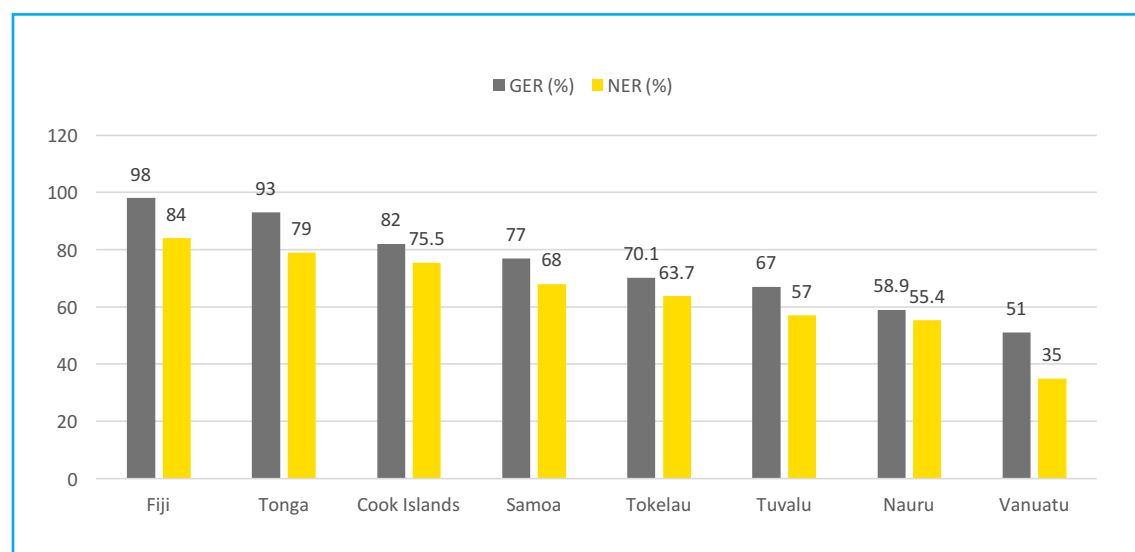
Comparisons between the general NERs and GERs for all 14 PICTs are not possible because the data available for each country does not always relate to the same year. However, Figure 5.7 compares the GER and NER for the PICTs where the most recent data available relates to the same year. It shows that the GER in these PICTs exceeds the NER in all cases, indicating that significant proportions of enrolled pupils fall outside the official age group for secondary education.

The issue of attaining universal secondary education becomes even greater in light of secondary survival and drop-out rates. For instance, in the Cook Islands, senior secondary retention rates decrease at higher grades: in 2016, the retention rate was 97 per cent for Years 10 to 11, but reduced significantly to 71 per cent for Years 11 to 12 and 70 per cent for Years 12 to 13.⁴⁸³ Gender disparities also become more apparent: in Fiji, for example, the survival rates for lower secondary school were 75 per cent for boys but a significantly higher 91 per cent for girls (2012 data).⁴⁸⁴

482 Data source: Pacific Regional Information System, *National Minimum Development Indicators*. Op. cit.

483 MoE, *Statistics Report 2016*, p. 20.

484 UNESCO, *Pacific Education for All 2015 Review*, pp. 126 and 128.

Figure 5.7: Secondary gross and net enrolment rates⁴⁸⁵

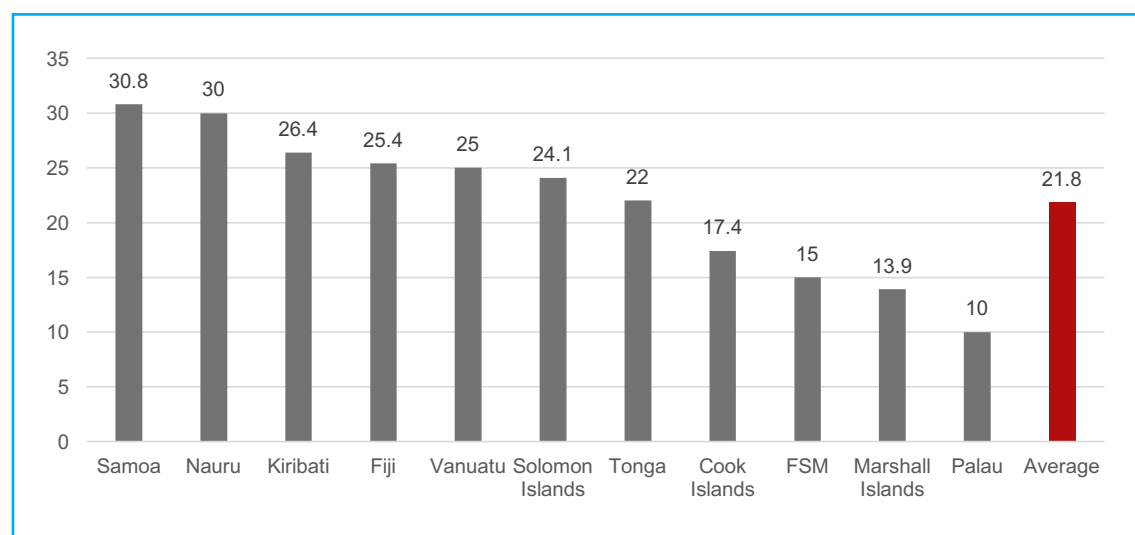
Source: NMDI 2014-2016

The quality of primary and secondary education in the PICTs can be assessed by a range of indicators, including the pupil-to-teacher ratio (PTR). PTRs can be an effective indicator of educational quality, because they indicate teachers' ability to dedicate attention and resources to students, as well as teaching efficiency. Furthermore, they indicate whether teachers may be overburdened and therefore delivering lower quality teaching. A comparison of PTRs across the PICTs is not possible due to missing data and inconsistent methods of measurement (for example, PTRs may be combined for primary and secondary levels or kept separate, or refer to private and public schools separately). However, PTRs for primary (or 'elementary') school are available for 11 PICTs (see Figure 5.8).

Figure 5.8 indicates that the average PTR is a reasonable 21.8. However, in Samoa and Nauru, teachers appear to be overburdened, with 30 pupils to one teacher, whereas at the other extreme, Palau has a PTR of 10, raising questions as to the efficiency of its workforce. A further issue is that the PTR varies considerably within several PICTs, particularly in Kiribati, the Cook Islands, Fiji, Solomon Islands and Tuvalu. In Solomon Islands, for example, the PTR at primary level was 13.9 in Rennell and Bellona and a very high 60.4 in Honiara,⁴⁸⁶ indicating that teachers in the urban central area are extremely overburdened.

⁴⁸⁵ Ibid.

⁴⁸⁶ MEHRD, *Performance Assessment Report 2010-2014*, p. 21.

Figure 5.8: Pupil-to-Teacher Ratio in Primary/Elementary Schools⁴⁸⁷

Source: NMDI

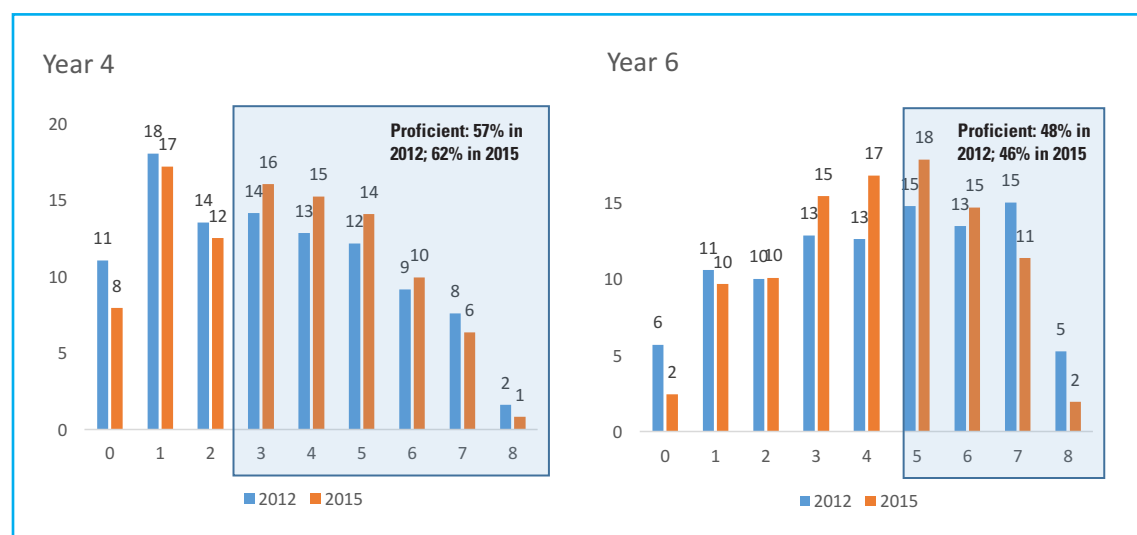
Recent statistics on numeracy and literacy from the 2015 Pacific Islands Literacy and Numeracy Assessment shows that 62 per cent and 46 per cent of students in years 4 and 6 meet the minimum expected literacy proficiency, respectively (Figure 5.9). For numeracy, about 86 per cent and 65 per cent of students in years 4 and 6 meet the minimum numeracy proficiency respectively (Figure 5.10). These regional averages (including PNG) mask disparities across countries. It is not possible, with the available data, to conduct an accurate comparison of literacy and numeracy rates between the PICTs due to differences between the PICTs in methods of collecting and measuring this indicator. However, an analysis of individual PICTs highlights that the quality of primary and secondary education requires significant improvement across the region. Outdated teaching practices and low-skilled teachers are two of the most common issues reported,⁴⁸⁸ indicating that continued effort is required to achieve SDG 4.C (substantially increasing the supply of qualified teachers). Furthermore, the 2015 Pacific Islands Literacy and Numeracy Assessment reported the concerning ‘key message’ that: “literacy and numeracy situation in the Pacific at a dire situation with only three (3) in every ten pupils demonstrating the literacy skills expected after 4 and 6 years of primary schools.⁴⁸⁹ This compares with five (5) in every ten pupils for numeracy.” The Assessment also found students in urban areas had “significantly” better numeracy outcomes than those in rural areas, but that outcomes were only “slightly” better in numeracy.⁴⁹⁰

487 Data source: Pacific Regional Information System, *National Minimum Development Indicators*. Op.cit..

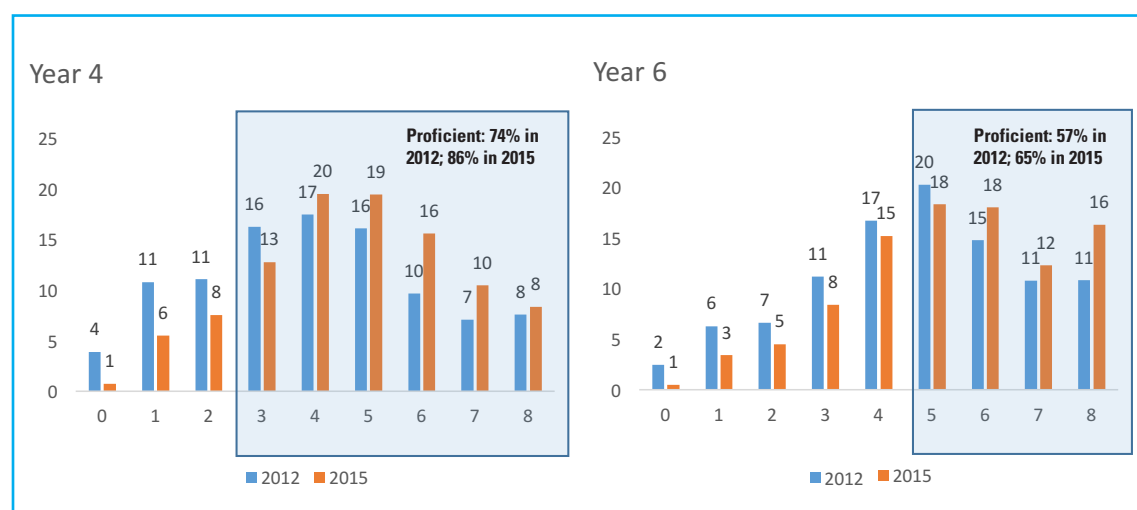
488 See e.g., New Zealand Education Review Office, *National Evaluation of Education Provision in Tokelau*, February 2014, pp. 8-9; and Nauru, MoE, 2011 Annual Report.

489 SPC, Pacific Islands Literacy and Numeracy Assessment 2015, p. 8.

490 Ibid.

Figure 5.9: Pacific regional literacy proficiency years 4 and 6

Source: Pacific Islands Literacy and Numeracy Assessment 2015

Figure 5.10: Pacific regional numeracy proficiency 4 and 6

Source: Pacific Islands Literacy and Numeracy Assessment 2015

Barriers and Bottlenecks

The issue of underqualified and untrained teachers is caused by a combination of: a lack of investment in teacher training and qualifications (Kiribati; Palau); poor teacher training programmes (Palau⁴⁹¹); an absence or lack of continuous teacher training and professional development programmes (Cook Islands; Tuvalu; Vanuatu); low teacher remuneration; and a high turnover of

491 Republic of Palau, Ministry of Education, Education Master Plan, 2006-2016.

staff and staff shortages (Fiji; Nauru; Niue; Palau; RMI; Samoa; Vanuatu). In Niue, for example, only approximately 1 in 10 teachers who undertake training in New Zealand return to the country; the main push factor being lower teacher salaries.⁴⁹²

Lack of teacher commitment, driven by poor remuneration and lack of professional development opportunities, is another barrier to ensuring quality education, particularly in Kiribati, FSM and Fiji. In Fiji, for instance, there is a recent trend to place teachers on temporary contracts, and to reduce the salary of entry-level teachers on probation, which “undermines the professionalism” and further discourages teachers from remaining in the profession.⁴⁹³

Poor infrastructure, poor teaching and learning resources are further barriers to ensuring access to quality primary and secondary education, particularly in Kiribati, Palau, the Cook Islands, Fiji, Solomon Islands, Tokelau and Vanuatu. Varying standards of school infrastructure across geographical regions and between urban and rural areas also contribute to varying standards of education in individual PICTs. For example, in Fiji, schools in rural and peri-urban areas generally lag behind urban schools in terms of infrastructure, with unreliable access to water, electricity and telecommunications: contributing to the reported poorer quality of education and drift towards urban schools.⁴⁹⁴

The unavailability of schools, particularly in remote areas, is a further barrier to quality primary and secondary education, particularly in Solomon Islands, Kiribati, RMI and Tonga. For instance, in Solomon Islands, a lack of schools (particularly secondary schools), and varying standards of school infrastructure, have meant that children have to travel long distances to the nearest functioning school, which not only drives poor quality education, but discourages enrolment and drives drop-out.⁴⁹⁵ Similarly, in Tonga, the limited number of secondary schools in rural areas drives low enrolment and drop-outs, due to the associated high transport costs, and further contributes to student migration towards urban and peri-urban areas.⁴⁹⁶ This migration to access quality education is common, placing significant strain on resources in urban schools and resulting in overcrowding. In Vanuatu, the lack of spaces and limited land on which to build new schools in urban areas means that some schools have resorted to taking new students every two years, rather than every year.⁴⁹⁷

School fees and the ‘hidden’ costs of education (including school uniforms, text books and transport costs) are hindering equal access to education in several PICTs (Fiji; Solomon Islands; Samoa; Vanuatu; Tuvalu); even those operating Government grant schemes to facilitate access.

492 New Zealand Ministry of Foreign Affairs and Trade, *Evaluation of the Niue Country Programme*, December 2015, p. 62.

493 Report of the Special Rapporteur on the right to education on his mission to Fiji, A/HRC/32/37/Add.1, 27 May 2016, para 74.

494 Ministry of Education, National Heritage, Culture and Arts, *Fiji EFA Progress Report for 2000-2015*. Op. cit. Report of the Special Rapporteur on the right to education on his mission to Fiji. Op. cit. A/HRC/32/37/Add.1, 27 May 2016, paras 47 and 53; Committee on the Rights of the Child, *Concluding Observations on the combined second to fourth periodic reports of Fiji*, CRC/C/FJI/CO/2-4, 13 October 2014, para 59(b).

495 MEHRD, *Barriers to Education Study 2011*, p. 4; Johnson Fangalasuu and Andrea Bateman, MEHRD, *Education White Paper*, May 2015, p. 38.

496 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 67.

497 MOET, *Vanuatu Education for All National Review 2015*. Op. cit. p. 45.

For example, in Solomon Islands, the Government has introduced a 'Fee Free Education Policy'.⁴⁹⁸ However, schools continue to charge fees because the grants do not meet operational needs.⁴⁹⁹ This is despite the fact that the domestic law (Section 40(2) of the Education Act 1978) requires education authorities to obtain the prior approval of the Minister of Education before they charge school fees: a provision that has reportedly not been observed by education authorities and other partners, or enforced by MoE Human Resources and Development.⁵⁰⁰

However, there are examples of grant schemes that appear to have improved access to education. In a drive to meet MDG 2.A and EFA Goal 2, the Vanuatu Education Road Map introduced a system of grants at primary level for government and government-assisted schools to alleviate the burden of school fees, which were considered to be the main driver of falling primary enrolment rates between 2005 and 2008.⁵⁰¹ A recent review carried out by UNESCO International Institute for Educational Planning and UNICEF has reportedly found that the grant improved access in three ways: increasing the interest of children in attending school (some schools were reportedly using grant money to conduct awareness-raising activities); improving access to education at other levels because parents could use money otherwise spent on primary school fees to enroll children in preschool or secondary school; and improving access to education at the correct primary school age (because parents no longer waited for elder children to complete school before enrolling their younger children).⁵⁰²

One of the reasons for the gender disparity in secondary participation appears to be that boys tend to leave school to pursue vocational training and employment opportunities. For instance, in Tuvalu, where the Gender Parity Index (GPI) for secondary enrolment rates is very high (in 2015, the NER GPI was 1.32 and GER GPI was 1.34), more technical and vocational training opportunities are reportedly available for boys,⁵⁰³ although this may be partly driven by perceptions of 'traditional gender roles' limiting the number of females pursuing perceived 'male' vocations and careers (see Section 5.4). Further research is needed across the PICTs to fully understand the causes of the general lower rates of male enrolment in secondary education.

The educational situation of children with disabilities, refugee and asylum seeking children, and children from minority ethnic groups is difficult to assess, largely because of a lack of disaggregated data. However, the limited data available on this issue highlights issues concerning the inclusion of children with disabilities into mainstream schooling across the PICTs. For example, in Samoa, there are insufficient tailored resources and facilities for children with disabilities, particularly at secondary level and in rural areas where 'special schools' are unavailable, resulting in children being kept at home.⁵⁰⁴ Reports also indicate that discrimination against refugee and asylum seeking children in Nauru, including bullying by teachers and pupils and stigmatisation, is a particular

498 MEHRD, National Education Action Plan 2016-2020. Op. cit. p. 14.

499 Johnson Fangalasuu and Andrea Bateman. Op. cit. p. 41.

500 Ibid. p. 42.

501 MOET, *Vanuatu Education for All National Review*. 2015. Op. cit. p. 17.

502 Ibid. p. 44.

503 MoEYS, Tuvalu Education for All National Review, 2015. Op. cit. p. 24.

504 Ministry of Education, Sports and Culture, *Education Statistical Digest 2016*. Op. cit. pp. 46-47.

concern that drives these children to drop out.⁵⁰⁵ In Fiji, reports of inequality in educational achievements between children from different ethnic backgrounds are a significant concern. Indigenous pupils reportedly lag behind other ethnic groups in major external examinations.⁵⁰⁶ The systematic collection and analysis of disaggregated data on school enrolment, attendance and educational performance is critically needed in order to fully assess these inequities and address their underlying drivers.

Several barriers arise from gaps in governance frameworks within the PICTs. With regard to Fiji, the Special Rapporteur on the right to education has highlighted that the domestic legal framework has not kept abreast of the rapid education reforms of recent years and requires updating.⁵⁰⁷ Similarly, in Tokelau, there is a need to strengthen the domestic education governance framework by: developing clear divisions of responsibility between key actors, and lines of decision-making and accountability; improving coordination for strategic planning; and introducing periodic reviews and reporting mechanisms between schools and government lines.

Similarly, in Solomon Islands, the concept and structure of primary and secondary education (including years of entry and exit) are not specified in the Education Act 1978 (the principal law outlining the structure of the education system), resulting in inconsistencies in how the content and structure of the education system is interpreted and applied (for example, inconsistencies in registering schools providing different levels of education).⁵⁰⁸ Solomon Islands has not revoked its reservation to Article 13(2)(a) of the ICECSR, under which it maintains a right to postpone the application of the obligation to provide free and compulsory universal primary education. Revoking this reservation would reflect a firm commitment by Solomon Islands' to realise this right, and may lend fresh impetus to updating the legal framework in line with international standards.

There is a clear need to strengthen the institutional capacity, both in terms of skills and resources, of MoEs and local governments in several PICTs, to ensure that SDGs are attained. In Tokelau, for instance, training and support to the Council of Elders (*Taupulega*) was reportedly insufficient, resulting in education not being reflected as a priority in Taupulega decision-making.⁵⁰⁹ In Vanuatu, on the other hand, many zone curriculum advisers do not have the means to travel and visit schools, resulting in teachers receiving limited support in practice.⁵¹⁰

Socio-economic and cultural barriers to accessing education are evident in several PICTs. In Solomon Islands, the MoE Human Resources and Development found that lack of awareness amongst families of the importance of school, and disinterest amongst children are drivers of non-enrolment.⁵¹¹ These attitudes appear to be driven by perceptions of the low quality of education, including poor, limited resources, and poor quality teaching.⁵¹² Particular concerns raised by children

505 Committee on the Rights of the Child, Concluding Observations, CRC/C/NRU/CO/1, October 2016.

506 Report of the Special Rapporteur on the right to education on his mission to Fiji. Op. cit. para 64; Ministry of Education, National Heritage, Culture and Arts, *Fiji EFA Progress Report for 2000-2015*. Op. cit. p. 10.

507 Report of the Special Rapporteur on the right to education on his mission to Fiji, Op. cit. para 97.

508 Johnson Fangalasuu and Andrea Bateman. Op. cit.

509 New Zealand Education Review Office, *National Evaluation of Education Provision in Tokelau*. Op. cit. p. 4.

510 MOET, *Vanuatu Education for All National Review 2015*. Op. cit. p. 46.

511 MEHRD, *Barriers to Education Study 2011*. Op. cit. pp. 2-3.

512 Ibid.

and families include teacher absenteeism, lateness, intoxication and even using physical and verbal abuse to discipline students.⁵¹³ Furthermore, despite the generally lower rates of enrolment of males in secondary schools, reports suggest that where fees are charged, parents prioritise boys because education is perceived as less useful for girls.⁵¹⁴ In Tonga, there is reportedly a lack of parental commitment and support to ensure that children attend primary school, which, combined with the costs associated with education, have a particularly detrimental effect on the participation of children from socio-economically deprived backgrounds.⁵¹⁵ In Vanuatu, reports suggest that social and cultural norms concerning the importance of school may be contributing to school repetitions and drop-out. For instance, the EFA National Review 2015 indicates that, for cultural reasons, some parents keep their children out of school for a year, for example, to participate in traditional festivals or even circumcision ceremonies.⁵¹⁶

5.4. Tertiary and vocational education

According to SDG 4.3, by 2030, all women and men should have access to affordable and quality technical, vocational and tertiary education, including university. However, due to several gaps and out-of-date data on participation rates of youth and adults in formal and non-formal education, a comprehensive assessment of the progress of the PICTs is not possible, and strengthened efforts by the PICTs to collect this data are a priority.

Tertiary and vocational education vary between the PICTs are generally comprised of a myriad of informal and formal courses, including formal university teaching, mostly notably in the University of South Pacific, and range of technical and vocational education and skills training (TVET) programmes.

A barrier to the attainment of SDG 4.3 that is common to almost all PICTs is the need for further investment and upgrading of tertiary and, particularly, TVET programmes. In Fiji, the lack of funding for these sectors hinders much-needed improvements and maintenance of buildings, as well as meeting the need to raise the social profile of TVET institutions.⁵¹⁷ In Solomon Islands, several reform initiatives, particularly in TVET, have not been implemented due to a lack of resources in MoE Human Resources and Development. This is partly due to the Ministry continuing to allocate only a small percentage of its budget⁵¹⁸ to developing TVET, but also to limited internal management capacity to respond adequately to the reform goals and filling the gap in technical skills.⁵¹⁹ These barriers partly stem from an over-reliance on externally funded TVET projects (most notably,

513 Ibid. p. 3.

514 Australian Aid and Save the Children, *A Situational Analysis of Children in the Solomon Islands*, July 2015, p. 24.

515 Tonga Millennium Development Goals Final Report 2015, p. 53.

516 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 35.

517 Report of the Special Rapporteur on the right to education on his mission to Fiji. Op. cit. paras. 94 and 96.

518 In 2014, MEHRD spent 3 per cent of its expenditure on TVET, compared to 27.3 per cent on tertiary education, 25.2 per cent on secondary education, 37 per cent on primary education, 5.2 per cent on ECE, and 2.3 per cent on management and HR; MEHRD, *Performance Assessment Report 2010-2014*, p. 22.

519 MEHRD, *National Education Action Plan 2016-2020*, p. 15.

European Union-led programmes), which have not continued when their funding has ended.⁵²⁰ Furthermore, in Samoa, a lack of organizational capacity and limited budget are barriers to the delivery of quality Post-school Education and Training, particularly in terms of funding resources.⁵²¹ On the positive side, the Australia Pacific Technical College (APTC) has campuses in Fiji, Samoa, Vanuatu and Solomon Islands, providing high-quality vocational and technical education. The APTC is an Australian Government initiative, funded by Department of Foreign Affairs and trade.⁵²²

Particularly concerning is the relevance of vocational training, both as an alternative to formal education and following the conclusion of compulsory education, in preparing children and young people for the labour market. In Fiji, the CRC Committee highlighted in 2014 that, despite being one of the best in the Pacific region, the education system was not well adapted to the needs of the community or labour force, because a significant number of school leavers were unable to find employment.⁵²³ In addition, the Special Rapporteur on the right to education found that although technical colleges in Fiji were of reasonable quality, there was a need to strengthen collaboration with industry, as companies preferred to hire employees from abroad based on the supposed low skills of local workers.⁵²⁴ Similar issues arise in Solomon Islands, where TVET spaces are limited, as is the scope of TVET content, which has not been updated to meet market demand.⁵²⁵ In the Cook Islands, following the CRC Committee's concerns in 2012 about the disparity in educational services between children in the main and Outer Islands, particularly with regards to vocational training,⁵²⁶ the Tertiary Training Institute has been taking specific action to develop and retain the skills of young people on the more isolated Outer Islands.⁵²⁷ Its courses are developed based on the needs and context of individual islands, and combine on-site training placements with online learning with the Institute's campus in Rarotonga. Despite these important steps, there remains a need to improve connections between learning and employment, particularly in the Outer Islands.⁵²⁸

A third barrier in several PICTs is the socio-cultural perceptions of vocations and career pathways along traditional gender lines, which appears to limit equal access to education and training between males and females. In Fiji, for example, boys reportedly study automotive engineering, welding and carpentry, while the majority of female students enrol in catering and tailoring courses.⁵²⁹ There is limited data and information on the causes of these trends, although reports refer to: drivers concerning 'family obligations' in rural areas; girls having been forced to leave school

520 Ibid.

521 Education for All 2015 National Review. Op. cit. p. 47.

522 APTC, <http://www.aptc.edu.au/about/us>

523 Committee on the Rights of the Child, *Concluding Observations on the combined second to fourth periodic reports of Fiji*. Op. cit. para 59(c).

524 Report of the Special Rapporteur on the right to education on his mission to Fiji. Op. cit. para 92.

525 MEHRD, National Education Action Plan. Op cit. pp. 15-16.

526 Committee on the Rights of the Child, *Concluding Observations CRC/C/COK/CO/1*, 22 February 2012, para 53.

527 MoE, *Cook Islands Education for All 2015 National Review*. Op .cit. p. 29.

528 Ibid. pp. 28 and 29.

529 Report of the Special Rapporteur on the right to education on his mission to Fiji, Op. cit. para 29.

due to pregnancy;⁵³⁰ and “traditional perception and stigma placed on the education of females which have negatively impacted on the progress of their education.”⁵³¹

Post-secondary vocational training in Vanuatu is also reportedly organized around ‘traditional gender roles’, with limited opportunities for females compared to males, although the nursing and teaching sectors are female-dominated.⁵³² Furthermore, reports highlight that courses offered at rural training centres in Vanuatu “cement gender roles”, with technical courses such as carpentry targeting men, and tailoring, handicraft and food preparation courses for women.⁵³³ There are also significantly fewer female than male graduates from TVETs. In 2015, only 747 of the 2,129 TVET graduates were female. However, females comprise the majority of graduates in teaching and nursing. For example, females comprised 3.2 per cent of graduates from the Vanuatu Maritime College, and 46.7 per cent from the Vanuatu Institute of Technology, and 60.5 per cent of graduates from the Vanuatu Institute of Teacher Education and 82.6 per cent from the Vanuatu Nursing College.⁵³⁴ Similar barriers have been identified in Tonga,⁵³⁵ indicating that further research into the norms and other factors contributing to these gender disparities is required.

530 Committee on the Rights of the Child, *Concluding Observations on the combined second to fourth periodic reports of Fiji*. Op. cit. para 59(a)

531 Ministry of Education, National Heritage, Culture and Arts, *Fiji EFA Progress Report for 2000-2015*. Op. cit. pp 27, 46 and 48.

532 MOET, *Vanuatu Education for All National Review 2015*. Op. cit. p. 23.

533 Ibid. p. 24.

534 Ibid. p. 30.

535 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 69.

6.

Child Protection

The CRC, its two Optional Protocols and other key international human rights instruments outline the States' responsibility to protect children from all forms of violence, abuse, neglect and exploitation. Whilst the CRC recognises that parents have primary responsibility for the care and protection of their children, it also emphasises the role of governments in keeping children safe and assisting parents in their child rearing responsibilities. This includes obligations to support families to enable them to care for their children, to ensure appropriate alternative care for children who are without parental care, to provide for the physical and psychological recovery and social reintegration of children who have experienced violence, abuse or exploitation, and to ensure access to justice for children in contact with the law.

The Convention on the Rights of the Child recognize the following rights which are the most relevant to this chapter:

Article 7 – The right to identity and to be registered at birth

Article 19 – The right to protection from all forms of physical or mental violence, abuse or neglect, or exploitation

Article 23 – The rights and special needs of children with disabilities

Article 32 – The right to protection from economic exploitation

Article 33 – The right to protection from illicit use of narcotic drugs

Article 34 – The right to protection from all forms of sexual exploitation and sexual abuse

Article 35 – The right to protection from the abduction, sale and traffic in children

Article 36 – The right to protection from all other forms of exploitation

Article 37 – The right to protection from torture, cruel or inhuman treatment, capital punishment, and unlawful deprivation of liberty

Article 39 – The right to physical and psychological recovery and social integration

Article 40 – The rights of the child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity

State Parties' obligations to protect children are further guided by: the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography; the Optional Protocol on the Involvement of Children in Armed Conflict; Convention on the Rights of People with Disabilities; ILO Convention 138 on Minimum Age; ILO Convention 182 on the Worst forms of Child Labour; UN Guidelines for the Alternative Care of Children (2010); UN Standard Minimum Rules for the Administration of Juvenile Justice (1985); UN Guidelines for the Prevention of Juvenile Delinquency (1990); UN Rules for the Protection of Juveniles Deprived of their Liberty (1990); and UN Guidelines for Justice on Child Victims and Witnesses in Criminal Proceedings (2005).

In addition to the CRC, the SDGs sets specific target for child protection in relation to violence against women and girls (5.2), harmful traditional practices (5.3), child labour (8.7), provision of safe spaces (11.7), violence and violent deaths (16.1), abuse, exploitation, trafficking and all forms of violence against and torture of children (16.2) and birth registration (16.9). The SDGs also promote strengthened national institutions for violence prevention (16.a).

Key child protection-related SDGs

| SDG | Target | Indicators |
|-----|---|--|
| 5.2 | End all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation | Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age |
| | | Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence |
| 5.3 | Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation | Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18 |
| | | Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age |
| 8.7 | Take immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour, eradicate forced labour and by 2025 end child labour in all its forms including recruitment and use of child soldiers | Proportion and number of children aged 5–17 years engaged in child labour, by sex and age |

| SDG | Target | Indicators |
|------|--|---|
| 11.7 | By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities | Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months |
| 16.1 | By 2030, significantly reduce all forms of violence and related deaths everywhere | Number of victims of intentional homicide per 100,000 population, by sex and age |
| | | Conflict-related deaths per 100,000 population, by sex, age and cause |
| | | Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months |
| | | Proportion of population that feels safe walking alone around the area they live in |
| 16.2 | End abuse, exploitation, trafficking and all forms of violence and torture against children | Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by care-givers in the previous month |
| | | Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation |
| | | Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18 |
| 16.3 | Promote the rule of law at the national and international levels and ensure equal access to justice for all | Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms |
| | | Unsentenced detainees as a proportion of overall prison population |
| 16.9 | By 2030, provide legal identity for all, including birth registration | Proportion of children under 5 years of age whose births have been registered with a civil authority, by age |

UNICEF’s global Child Protection Strategy calls for creating a protective environment “where girls and boys are free from violence, exploitation and unnecessary separation from family; and where laws, services, behaviours and practices minimize children’s vulnerability, address known risk factors, and strengthen children’s own resilience.”⁵³⁶ The UNICEF East Asia and Pacific Region Child Protection Programme Strategy 2007 similarly emphasises that child protection requires a holistic approach, identifying and addressing community attitudes, practices, behaviours and

other causes underpinning children's vulnerability, engaging these within children's immediate environment (children themselves, family and community), and ensuring an adequate system for delivery of holistic prevention, early intervention and response services.

One of the key ways to strengthen the protective environment for children is through the establishment of a comprehensive child protection system. "Child protection systems comprise the set of laws, policies, regulations and services needed across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection-related risks."⁵³⁷ The main elements of a child protection system are outlined in Table 6.1.

Table 6.1: Main Elements of a child protection system

| | |
|--|--|
| Legal and policy framework | This includes laws, regulations, policies, national plans, standard operating procedures and other standards compliant with the CRC and international standards and good practices. |
| Preventive and responsive services | A well-functioning system must have a range of preventive, early intervention and responsive services – social welfare, justice, health and education – for children and families. |
| Human and financial resources | Effective resource management must be in place, including adequate number of skilled workers in the right places and adequate budget allocations for service delivery. |
| Effective collaboration and coordination | Mechanisms must be in place to ensure effective multi-agency coordination at the national and local levels. |
| Information Management and Accountability | The child protection system must have robust mechanisms to ensure accountability and evidence-based planning. This includes capacity for data collection, research, monitoring and evaluation. |

Source: Adapted from UNICEF Child Protection Resource Pack 2015

6.1. Child protection risks and vulnerabilities

This section provides an overview of available information on: the nature and extent of violence, abuse, neglect and exploitation of children in the Pacific; community knowledge, attitudes and practices relating to child protection; and the drivers underlying protection risks.

6.1.1. Nature and extent of violence, abuse, neglect and exploitation of children

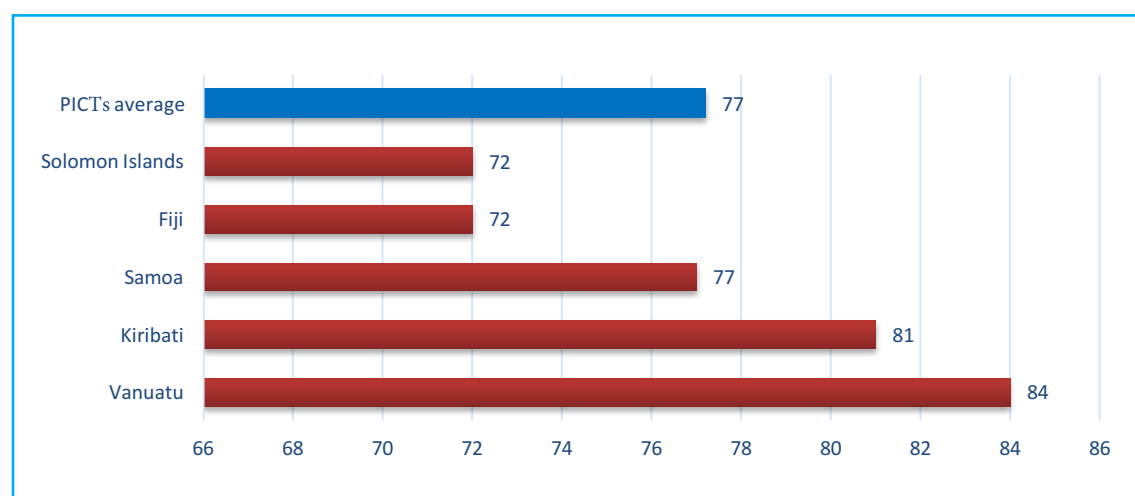
Most PICTs lack comprehensive data on the prevalence of violence, abuse, neglect and exploitation of children. Nonetheless, available information indicates that PIC children experience various forms of violence in the home, in schools and in the community.

⁵³⁷ Ibid.

6.1.1.1. Violence in the home

Across the Pacific, corporal punishment remains the norm and children experience relatively high levels of violence in their homes. As part of Child Protection Baseline Studies undertaken in several PICTs,⁵³⁸ parents were asked about their use of physical discipline against children aged 2-14 within the home within the past 12 months. Results from Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu, are set out in Figure 6.1 below. The responses showed high prevalence rates of corporal punishment in households, ranging from 72 per cent in Solomon Islands and Fiji to 84 per cent in Vanuatu, with an average for PICTs for which this data were available of 77 per cent. Similar surveys were carried out in Palau and FSM, asking about physical punishment within the past month only, with 8 per cent of adults admitting the use of corporal punishment in Palau and 37 per cent in FSM.

Figure 6.1: Percentage of parents reporting any violent discipline against children aged 2-14 years within past 12 months



Source: UNICEF Child Protection Baseline Reports

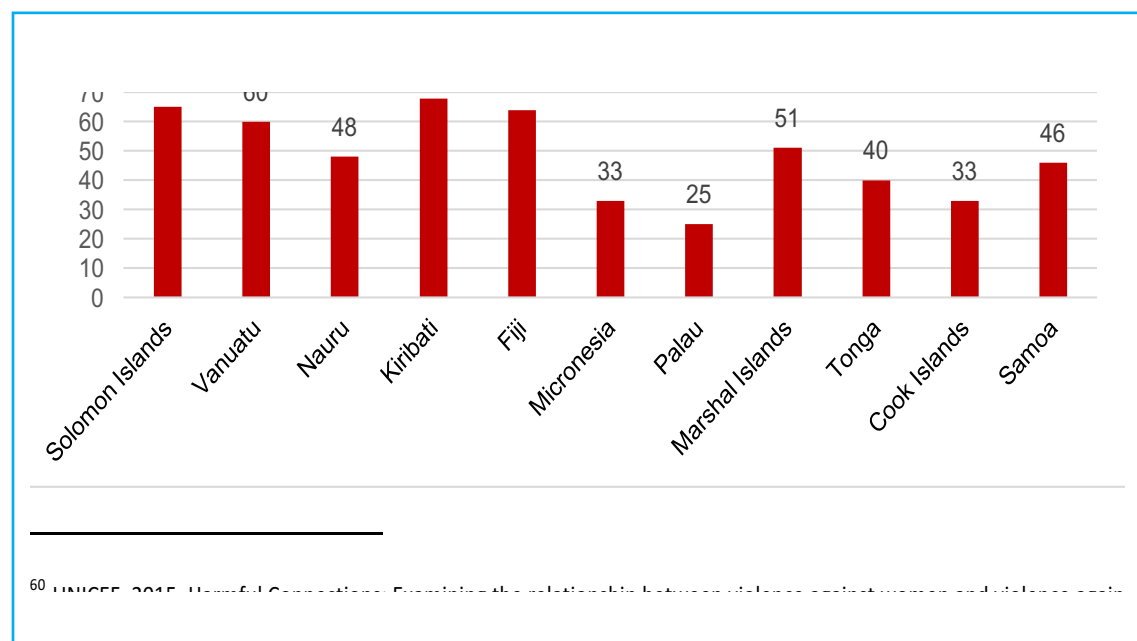
Pacific children are also exposed to high rates of family violence in their homes. Family Health and Safety Studies conducted in a number of PICTs have shown that women in the Pacific experience some of the highest rates of intimate partner violence in the world. On average across the PICTs for which data are available, nearly half of ever-partnered women reported experiencing intimate partner violence, which is significantly higher than the global average of 34 per cent.⁵³⁹ Figure 6.2 sets out available data in relation to the percentage of ever-partnered women who have experienced intimate partner violence at any point in their life-times. The rate of violence ranged from more than 1 in 5 women in Palau to nearly 7 in 10 women in Kiribati. On average across the PICTs for which data are available, nearly half of ever-partnered women

538 UNICEF Child Protection Baseline Reports: Palau (2014), FSM (2014), Samoa (2013), RMI (2012), Fiji (2008), Kiribati (2008), Solomon Islands (2008), Vanuatu (2008); Nauru Child Protection System Review (2015).

539 UNICEF. 2015. Harmful Connections: Op. cit. p. 4.

reported experiencing intimate partner violence. Violence towards pregnant women in the South Pacific is of great concern. The Family Health and Safety Studies found, for example, that 23 percent of women in Kiribati reported being beaten during pregnancy, with 11 per cent of women in Solomon Islands and 15 per cent in Fiji having also been abused while pregnant.

Figure 6.2: Percentage of ever-partnered women who have experienced intimate partner violence in their lifetimes



Source: Family health and safety studies, UNFPA 2010-2015

Growing up in a violent home affects Pacific children's physical and emotional health, behaviour and schooling. Women who experienced inter-personal violence were more likely to report that their children had nightmares, displayed aggressive behaviour, repeated a year of school or dropped out of school, compared to women who had never experienced violence. In Fiji and Kiribati, children whose mothers were subjected to inter-personal violence were twice as likely to repeat years of schooling or to drop out of school. Data also suggest that abusive behaviour is likely to be passed down through families, with children of abusers more likely to become abusers themselves, thus perpetuating the cycle of violence.⁵⁴⁰

6.1.1.2. Violence in schools

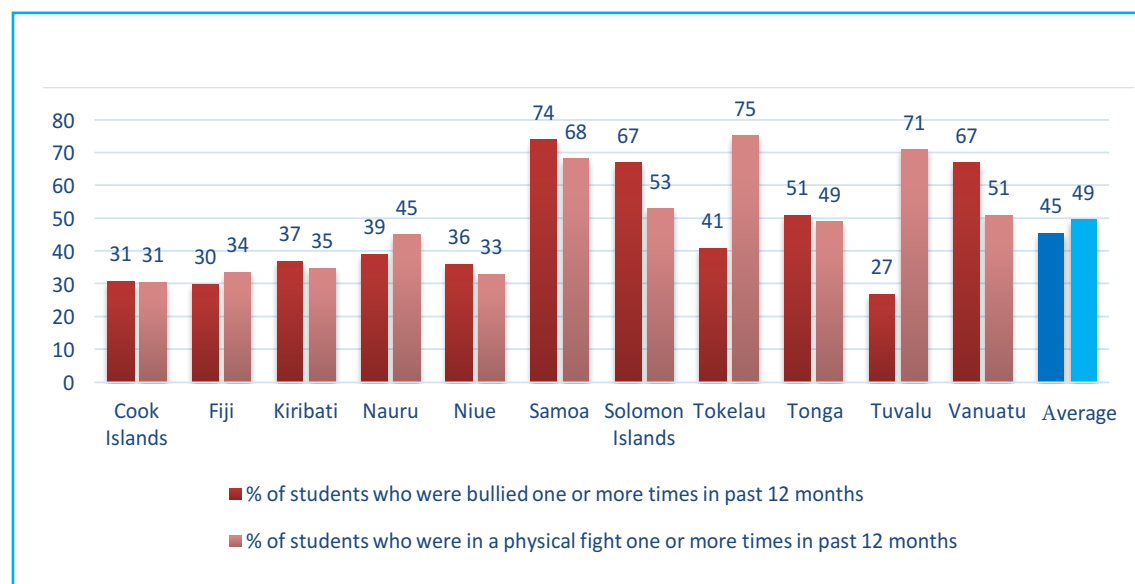
A WHO Global School-Based Student Health Survey conducted between 2010 and 2016 revealed high rates of bullying and fighting in schools across the Pacific. As Figure 6.3 shows, almost half

⁵⁴⁰ Ibid., p. 11.

of students aged 13-15 (45.4 per cent) who were surveyed across 11 PICTs⁵⁴¹ experienced bullying within the previous 12 months, with the majority of students in Samoa, Solomon Islands and Vanuatu experiencing bullying within that time frame. In addition, just under half (49.5 per cent) of all students aged 13-15 who participated in the surveys reported being involved in physical fights in the past 12 months, with affirmative responses highest in Tokelau (75 per cent) and Tuvalu (71 per cent). These figures suggest that violence within schools between students is a significant concern.

Data disaggregated by gender are available across all PICTs in which the GSHS had been carried out, as presented below in Figure 6.4A and 6.4B.

Figure 6.3: Percentage of students aged 13-15 years reporting bullying or physical fights within the previous 12 months

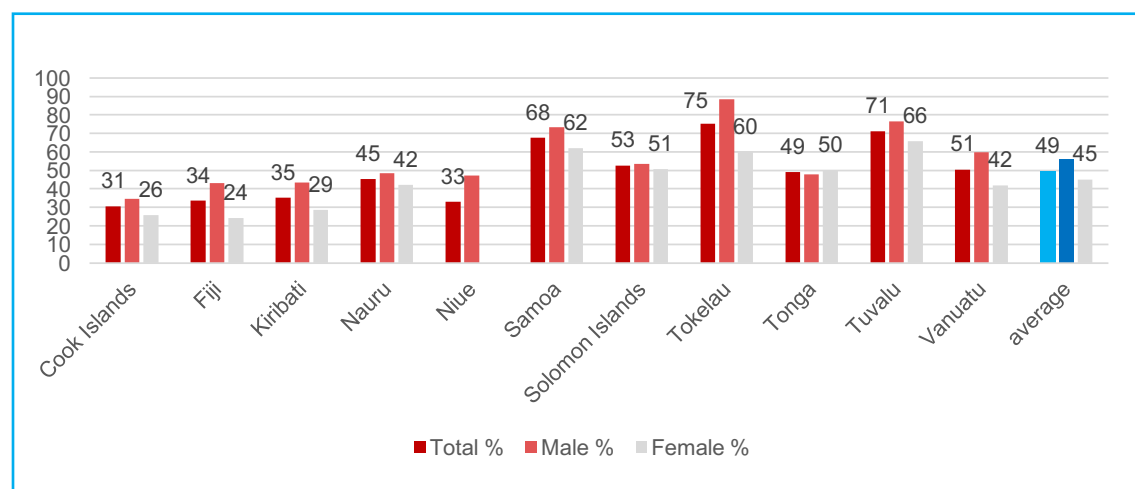


Source: Global school based health surveys

As Figure 6.4A shows, girls are less likely to be involved in physical fights than their male counterparts. Figure 6.4B shows that the disparity between male and female involvement in bullying is smaller than that for physical fighting, with females in Cook Islands, Solomon Islands, Tokelau and Tonga all experiencing higher levels of bullying than their male counterparts. but it is interesting to consider the gender element to this, questioning, for example, whether the involvement of males in physical fighting and of females and males in bullying is an indicator of an environment in which violence is considered an acceptable or expected part of life.

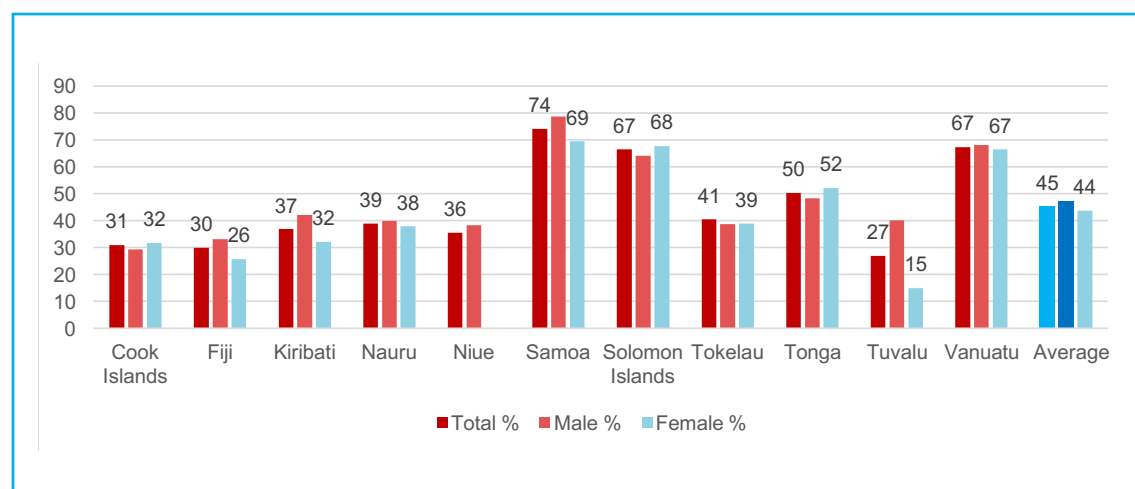
541 For more information on the survey, See WHO, Global School-based Student Health Survey, <http://www.who.int/chp/gshs/en/>.

Figure 6.4A: Percentage of students aged 13-15 years reporting physical fights within the previous 12 months disaggregated by gender



Source: Global school based health surveys

Figure 6.4B: Percentage of students aged 13-15 reporting bullying within the previous 12 months disaggregated by gender

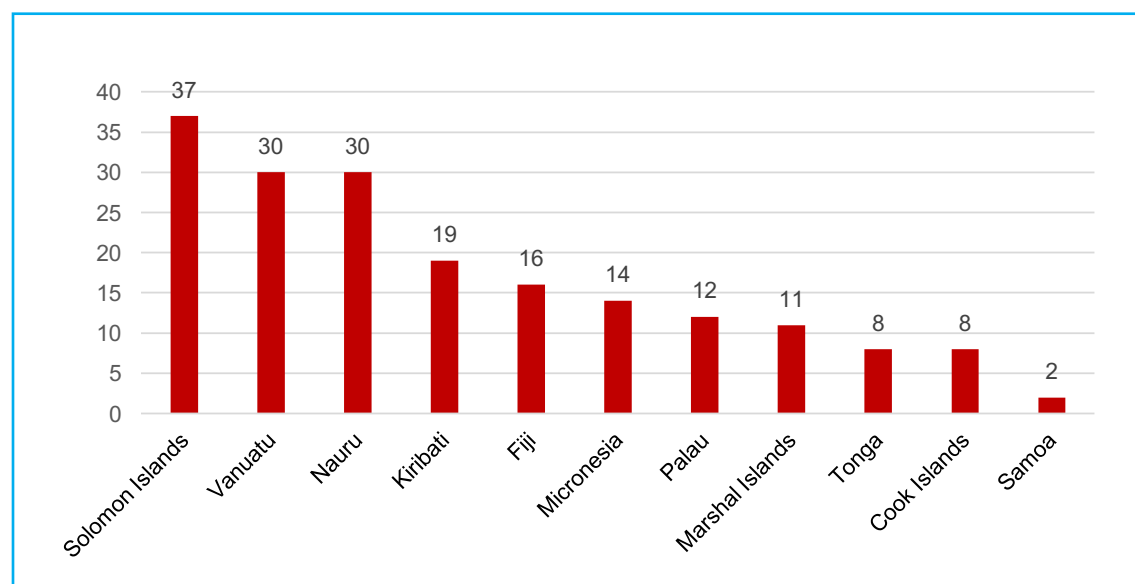


Source: Global school based health surveys

6.1.1.3. Sexual Abuse

There is no comprehensive data on the prevalence of sexual abuse against boys and girls in the Pacific. However available information suggests that it is an issue of concern. Family Health and Safety Studies conducted in a number of PICTs have shown that women in the Pacific experience high rates of sexual abuse before the age of 15. As Figure 6.5 shows, the average rate of child sexual abuse against girls in the PIC is 16.9 per cent in countries with data available, with Samoa reporting the lowest prevalence rate at 2 per cent of respondents, and Solomon Islands the highest rate at 37 per cent.

Figure 6.5: Percentage of women who experienced sexual abuse before the age of 15



Source: Family health and safety studies, UNFPA 2010-2015

Submissions in relation to UN Reporting Processes also raise concerns about child sexual abuse in general, and sexual abuse by family members in particular, in relation to a number of PICTs. For example, in Samoa, the National Human Rights Institution (NHRI) noted in its submission to the Universal Periodic Review (UPR) reporting process in 2015 that, despite sexual abuse and incest being prohibited and ‘condemned’ by both law and custom (*fa’asamoa*), “the NHRI is concerned that sexual abuse and incest are prevalent.”⁵⁴² The NHRI went on to note that ‘family reputation’ leads to underreporting and silencing of the child victim.⁵⁴³ In Vanuatu, the United Nations Joint Program submitted a report to the 2014 UPR Process that suggested that “Vanuatu has one of the highest rates of incest amongst girls aged 15 years in the region.”⁵⁴⁴

6.1.1.4. Commercial sexual exploitation of children

While there are no quantitative data on the prevalence of commercial sexual exploitation of children in the PICTs, available information suggests that Pacific children are vulnerable to this form of exploitation. Commercial sexual exploitation in the PICTs appears most closely linked with the fishing, mining and logging industries, for which foreign workers travel to the PICTs, docking or being stationed on one of the Islands and then procuring commercial sexual exploitation of children while present on that island, or docked off-shore. There is ‘limited’

⁵⁴² Submission by National Human Rights Institution to Universal Periodic Review Process: Samoa, 2015, para. 23.

⁵⁴³ Ibid.

⁵⁴⁴ Compilation of UN Information, Universal Periodic Review: Vanuatu, 2014, para. 23.

evidence that children are involved in commercial sexual exploitation in Vanuatu,⁵⁴⁵ Tuvalu and Palau,⁵⁴⁶ with reports on Tuvalu suggesting that children are sexually exploited by 'seafarers.'⁵⁴⁷ Children have also been found to be exploited in child prostitution networks and brothels in bars and hotels (Fiji, Kiribati, RMI), on fishing or shipping vessels (FSM, Kiribati, Solomon Islands) and in the logging and mining industry (RMI, Solomon Islands).

6.1.1.5. Trafficking in children

Limited data is available on trafficking in children in the PICTs. However the US State Department's 2016 Trafficking in Persons Report suggests that trafficking is a concern across at least seven of the PICTs for which information was available. See Table 6.2.

Table 6.2: Information on trafficking in PICTS from the US State Department Trafficking in Persons Report 2016

| | |
|--|---|
| Fiji | Source country for women and children in sex trafficking and forced labour in Fiji and abroad ^{xxi} |
| FSM | Source and transit country for forced labour and sex trafficking of men, women and girls, including women trafficked to the US. ^{xxii} |
| Kiribati | Source country for girls in sex trafficking within Kiribati (in relation to shipping industry) ^{xxiii} |
| Palau | Destination for women for sex trafficking and men for forced labour ^{xxiv} |
| RMI | Source and destination country for women and children in sex trafficking in relation to fishing boats docked in RMI. ^{xxv} |
| Tonga | Destination for sex trafficking (women) and source for sex trafficking and forced labour of women and children ^{xxvi} |
| Solomon Islands | Source, transit and destination country for men and women for forced labour and prostitution, and children for sex and labour trafficking. ^{xxvii} |
| Cook Islands, Nauru, Niue, Samoa, Tokelau, Tuvalu and Vanuatu: Not included in the TIP Report | |

545 US Department of Labour. Findings on the Worst Forms of Child Labour – Vanuatu. 2015. <https://www.dol.gov/sites/default/files/images/ilab/child-labor/Vanuatu.pdf> [10.07.17].

546 UNICEF, UNESCAP and ECPAT. Commercial Sexual Exploitation of Children (CSEC) and Child Sexual Abuse (CSA) in the Pacific: A Regional Report. 2006. p. 40.

547 US Department of Labour. Findings on the Worst Forms of Child Labour – Tuvalu. 2015. <https://www.dol.gov/sites/default/files/images/ilab/child-labor/Tuvalu.pdf> [10.07.17].

The report's findings suggest that trafficking in the PICTs is most closely linked to the presence of foreign industry or tourism, but also characterises the act of parents sending children to live with family members in other cities where they face exploitation as a form of trafficking.⁵⁴⁸

6.1.1.6. Child labour

Limited research has been done on child labour in many of the PICTs. However available information suggests that children are at risk of child labour, including the worst forms, in at least some countries. No information was available on child labour in FSM, Niue, Palau, or Tokelau, and in several countries (Cook Islands, Niue, Nauru) child labour is not widespread, or is not considered to be a significant problem.⁵⁴⁹ However, child labour is a concern in the other PICTs, with children engaged in various forms of potentially harmful work. In urban settings, for example, children are reported to be engaged in street vending (Fiji⁵⁵⁰, Samoa⁵⁵¹, Kiribati⁵⁵²), scavenging or scrap metal collecting (Fiji, Samoa, Solomon Islands⁵⁵³), portering and market services (Fiji, Kiribati), and housework (Fiji⁵⁵⁴, Kiribati, Tonga⁵⁵⁵). In rural areas, children are reported to engage in hazardous agricultural work, such as carrying heavy crops (Fiji⁵⁵⁶, Kiribati, Samoa, Solomon Islands). Children are also engaged in child labour in the fishing (Kiribati, Solomon Islands, Tuvalu), mining and logging (Solomon Islands) industries: several of the main industries in the PICTs. The nature of child involvement in these industries is reported to include fishing, construction, selling goods, cooking and conducting housework for industry workers,⁵⁵⁷ and commercial sexual exploitation, which is covered in more detail in section 6.1.3.

6.1.1.7. Child marriage

Child marriage continues to be an issue across the Pacific. The minimum ages of child marriage are set at the internationally accepted age of 18 in only four PICTs (Kiribati, Fiji, Nauru and RMI). In all PICTs that discriminate between males and females in terms of age of marriage, the minimum age of marriage is lower for females than for males. In eight of the PICTs, the minimum age of

548 US State Department. Trafficking in Persons Report. June 2016. p. 169.

549 For reference in relation to these, see US Department of Labour. Findings on the Worst Forms of Child Labour. <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/findings> [10.07.17].

550 This and following references for Fiji: ILO. Child Labour in Fiji: A Survey of Working Children in Commercial Sexual Exploitation, On the Streets, In Rural Agricultural Communities, In Informal and Squatter Settlements and In Schools. 2010. p. 12.

551 This and following references for Samoa: ILO. Report of the Rapid Assessment of Children Working on the Streets of Apia, Samoa: A Pilot Study. 2017; US Department of Labor Findings on the Worst Forms of Child Labour – Samoa. 2015.

552 This and following references for Kiribati: US Department of Labour Findings on the Worst Forms of Child Labour – Kiribati, 2015, available at: <https://www.dol.gov/sites/default/files/images/ilab/child-labor/Kiribati.pdf>.

553 This and following references for Solomon Islands: Save the Children. Dynamics of Child Trafficking and Commercial Sexual Exploitation of Children in Solomon Islands. 2015. p. 15.

554 Concluding Observations of the Committee on the Rights of the Child: Fiji. 2014. para. 67.

555 US Department of Labour. Findings on the Worst Forms of Child Labour – Tonga. 2015. <https://www.dol.gov/sites/default/files/images/ilab/child-labor/Tonga.pdf> [10.07.17].

556 ILO. Child Labour in Fiji. Op. cit. p. 12.

557 Save the Children. 2015. Dynamics of Child Trafficking and Commercial Sexual Exploitation of Children in Solomon Islands. Op. cit. p. 12

marriage can be reduced, to as low as 15 in Tonga and Solomon Islands, if the permission of a parent/guardian is obtained. Table 6.3 is colour coded such that the green PICTs prohibit all child marriage, the amber PICTs allow some child marriage upon parental permission and the red PICTs allow child marriage even without permission.

Table 6.3: Minimum ages of child marriage in PICTs (descending order) against prevalence rates⁵⁵⁸

| | Minimum age of marriage – females (with parental/guardian permission) | Minimum age of marriage – males (with parental/guardian permission) | Marriage prevalence below age 15 (per cent) | Marriage prevalence below age 18 (per cent) |
|-----------------------------|---|---|---|---|
| Kiribati | 21 (18) | 21 (18) | 3 | 20 |
| Fiji | 18 | 18 | | |
| Nauru | 18 | 18 | 2 | 27 |
| RMI | 18 | 18 | 5 | 27 |
| Tokelau | 19 (16) | 21 (18) | | |
| Samoa | 18 (16) | 21 (18) | 1 | 11 |
| FSM^{xxviii} | 18 (16) | 18 | | |
| Vanuatu | 18 (16) | 18 | 3 | 21 |
| Tuvalu | 21 (16) | 21 (16) | 0 | 10 |
| Tonga | 18 (15) | 18 (15) | 1 | 7 |
| Solomon Islands | 18 (15) | 18 (15) | 6 | 22 |
| Cook Islands | 16 | 16 | | |
| Niue | 15 | 18 | | |
| Palau^{xxix} | * 18 (16) | * 18 | | |

Data on customary practices and prevalence of customary marriage is not currently available, making it impossible to draw further conclusions in relation to patterns or trends in the PICTs.

6.1.1.8. Children in conflict with the law

There is very little data on the number of children in conflict with the law in the PICTs. Available information suggests that the numbers of children's cases proceeding through the formal

⁵⁵⁸ Percentage of women 20–24 years old who were first married or in union before they were 15 years old and percentage of women 20–24 years old who were first married or in union before they were 18 years old.

justice system is quite low in most countries. In Niue, for example, only nine children had been charged with offences and tried by Court between 2005 and 2010.⁵⁵⁹ In Samoa, approximately 20 children's cases are heard through the Youth Court each year.⁵⁶⁰ In Palau, only 98 children were arrested between 2009 and 2016.⁵⁶¹ Qualitative information indicates that most children in conflict with the law are involved in low-level offending such as curfew violations (RMI⁵⁶²), underage drinking or alcohol-related charges and fighting (FSM,⁵⁶³ Kiribati,⁵⁶⁴ RMI, Solomon Islands⁵⁶⁵), traffic violations (RMI, Niue⁵⁶⁶) or stealing (Solomon Islands), though the public defender's office in FSM reported being involved in cases of attempted murder and rape in Chuuk.⁵⁶⁷

6.1.2. Community Knowledge, Attitudes and Practices

Traditionally, most PIC children were raised in an environment of extended families living in close proximity, and it is still common for responsibility for the care and upbringing of children to be shared by close-knit family and community members. As such, children generally benefit from multiple networks of care and protection, providing opportunities for them to learn from and be cared for by other relatives if their parents cannot meet their immediate needs. Kinship care and informal adoption are common across the Pacific, with extended family generally stepping in to care for a child who is orphaned or not being properly cared for by his/her parents. This extended family network acts as an important social safety net for children, but is reportedly under increased stress in many PICTs.⁵⁶⁸

Most PIC communities place significant emphasis on parental discipline as an important part of good care and protection of children. The Child Protection Baseline Studies showed that there has been some shift towards more positive parenting practices in recent years, with parents in all countries for which information is available identifying positive practices such as showing a good example, explaining the rules and communicating with children as being the most effective way to discipline children.⁵⁶⁹ However, corporal punishment remains commonly

559 State Party Response to List of Issues, UN Committee on the Rights of the Child: Niue. 2013. para. 51.

560 Ministry of Women, Community and Social Development and UNICEF. 2013. Child Protection Baseline Report for Samoa. p. 27.

561 State Party Report to UN Committee on the Rights of the Child: Palau. 2016. para. 145.

562 This and further references to RMI: Annex to the State Party Report to the UN Committee on the Rights of the Child: RMI. 2016.

563 KII with representative from Public Defenders Office. May 2017.

564 UNICEF Pacific and Carswell Consultancy. 2016. Evaluation of Capacity Development for Police on Child Protection in Fiji, Kiribati and Vanuatu. p. 71.

565 KII with Representative from Royal Solomon Islands Police Force. March 2017.

566 State Party Report to the UN Committee on the Rights of the Child: Niue. 2011 para. 71.

567 KII with representative from Public Defenders Office. May 2017.

568 See, for example, Nauru Review of the Child Protection System, op. cit., p. 31-32; State Party Report to the UN Committee on the Rights of the Child: Marshall Islands, 2016, para 197; State Party Report to the UN Committee on the Rights of the Child: Niue, op. cit., paras 71, 372; State Party Report to the UN Committee on the Rights of the Child: Tuvalu, para 192; Vanuatu Child Protection Baseline Study, op. cit., p. 82; State Party Report to UN Committee on the Rights of the Child: Cook Islands, op. cit., para 339-340.

569 See, for example, Palau Child Protection Baseline Study, op. cit., p. 98, Vanuatu Child Protection Baseline Study, op. cit., p. 126; Fiji Child Protection Baseline Study, op. cit., p. 48; FSM Child Protection Baseline, Op. Cit., p. 37; Samoa Child Protection Baseline Study, op. cit., p. 18.

accepted as a cultural practice, and is often reinforced by the biblical belief of ‘spare the rod, spoil the child’.⁵⁷⁰

Throughout the Pacific, the majority of child protection problems, including extremely serious cases, are resolved within the family or through informal community interventions, and there is generally a greater awareness of and reliance on community-based support services, rather than formal child protection structures, particularly in rural areas and Outer Islands.⁵⁷¹ Concerns have been raised that, despite the community’s crucial role in creating a protective environment for children, traditional justice mechanisms focus primarily on maintaining peace in the community rather than seeking justice for or ensuring the protection of the victim.⁵⁷² In Vanuatu, customary practices still result in children sometimes being exchanged or given as reparation during the resolution of a conflict, which promotes the view that children are objects.⁵⁷³

Traditional or customary marriages have also been raised as a child protection concern in a number of PICTs. For example, the practice of bride price in Solomon Islands and FSM⁵⁷⁴ has been suggested to lead to perception that the woman is ‘owned’ by the husband.⁵⁷⁵ In Solomon Islands, child marriage for bride price is sometimes seen as a solution to economic hardship,⁵⁷⁶ and anecdotal evidence suggests that in communities close to logging camps operated by foreign loggers, this customary practice is sometimes exploited by parents to effectively sell young girls to foreign loggers.⁵⁷⁷ In Fiji, the CRC Committee noted concerns over marriage among Indo-Fijian communities to overseas partners.⁵⁷⁸ In Tonga, girls were reported to be placed under parental pressure to marry perpetrators of rape against them.⁵⁷⁹

6.1.3. Drivers of violence, abuse, neglect and exploitation of children

A number of customs and social norms have been identified as contributing to children’s vulnerability to violence, abuse and neglect across the PICTs, including: the widespread acceptance of corporal punishment to discipline children; the general acceptance of harsh discipline as a normal part of parenting, even when excessive force is used; and cultural norms against interference in private family matters.

570 See, for example, UN Committee on the Rights of the Child, Concluding Observations to: Nauru (paras 24 and 83); Concluding Observations: Niue (para. 35).

571 See, for example, UNICEF Pacific, ‘Children in Fiji – An Atlas of Social Indicators’, 2011, p. 53.

572 See, for example, UN Committee on the Rights of the Child, Concluding Observations: Fiji (para 42); Tuvalu (para. 40); Van Welzenis, I., ‘Country-Level Summaries of Diversion and Other Alternative Measures for Children in Conflict with the Law in East Asian and Pacific Island Countries’, Internal UNICEF EAPRO Report, 2016, p. 152.

573 Vanuatu National Child Protection Policy. 2016. p. 12.

574 SRIM (Sexual Rights Information of Micronesia). Report on the Federated States of Micronesia 9th Session of the Universal Periodic Review. November 2010. p. 3 <http://lib.ohchr.org/HRBodies/UPR/Documents/session9/FM/SexualRightsInformation.pdf> [10.07.17].

575 Save the Children. 2015. Dynamics of Child Trafficking and Commercial Sexual Exploitation of Children in Solomon Islands. p. 45

576 Ibid.

577 State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 297, 301.

578 Concluding Observations of the UN Committee on the Rights of the Child: Fiji. 2014. para. 45.

579 RNZ International. “Archaic Tonga law allows forced marriage to rapists” 26th August 2016. <http://radionz.co.nz/international/pacific-news/311891/archaic-tonga-law-allows-forced-marriage-to-rapists> [10.07.17].

The normalisation of violence as a form of punishment and discipline within many families and communities has been highlighted as a key factor contributing to violence against children.⁵⁸⁰ In Tonga, for example, the National Study on Domestic Violence noted that “the phenomenon of violence against women and against children, is widespread and deeply ingrained in Tongan society.”⁵⁸¹ The Samoa Family Safety Study notes that from an early age, both boys and girls are “habituated to accept anger and assault as legitimate forms of discipline.”⁵⁸² In Solomon Islands, the Family Health and Safety Study found that, among female survey respondents who reported that their children had sustained injuries from abuse, 71 per cent reported that one of the reasons for not seeking medical care for their injured child was that the “violence was normal or not serious.”⁵⁸³

Gender norms and the low status of women and children have also been cited as factors contributing to children’s vulnerability to violence.⁵⁸⁴ Whilst the status of women has been changing across the Pacific, women are still often considered subordinate to men and gender roles remain quite strictly defined. The Family Health and Safety Studies found that high levels of physical and sexual partner violence are perpetuated by dominant gendered social norms that make physical and sexual violence an acceptable or even deserved form of discipline for women who do not fulfil their prescribed gender roles. A UNICEF review found that Kiribati had the highest prevalence of girls justifying wife-beating out of 60 countries, at 77 per cent, compared with 65 per cent among boys.⁵⁸⁵

The strong culture of silence around issues of family and sexual violence also contributes to children’s vulnerability. Across the Pacific, the perception that violence against children is a private ‘family matter’ perpetuates the cycle of violence and acts as a barrier to reporting and intervention. Cultural taboos are often seen as prohibiting discussion of matters such as sexual abuse or inappropriate touching.⁵⁸⁶ In some PICTs such as Nauru and Tokelau, the country’s small population size and the lack of privacy in the communities seem to have created peer pressure and stigma against reporting violence against children.⁵⁸⁷ In Kiribati, young girls who are raped are reportedly unlikely to report the crime to the police due to the emphasis on female virginity before marriage,⁵⁸⁸ and in Solomon Islands, the ‘culture of shaming’ victims of sexual assault has been cited as contributing to under-reporting.⁵⁸⁹

Children’s limited agency and lack of empowerment to protect themselves are also contributing factors to violence and exploitation. The Child Protection Baseline Surveys highlighted that across

580 See, for example, Vanuatu Family Health and Safety Study. Op. Cit. p.15; Nauru Child Protection System Review. Op. cit. p. 25.

581 Pacific Women. National Study on Domestic Violence against Women in Tonga. 2009. p.xxxi. <http://countryoffice.unfpa.org/pacific/drive/tonga-vaw-report-final-2012.pdf> [10.07.17].

582 P. 17.

583 Ibid., p. 100.

584 Fiji Women’s Crisis Centre, 2001. ‘The Incidence, Prevalence and Nature of Domestic Violence and Sexual Assault in Fiji’, p.18

585 UNICEF EAPRO, ‘Hidden in Plain Sight’, p. 197.

586 See, for example, Vanuatu National Child Protection Policy. Op. cit. p.18; FSM Family Health and Safety Study, p. 49; RMI Child Protection Baseline Study, p. 131.

587 See, for example, Family Health and Safety Study. Op. cit. p. 17.

588 Kiribati Family Health and Support Study. Op. cit. p. 40.

589 Save the Children. Dynamics of Child Trafficking and Commercial Sexual Exploitation of Children in Solomon Islands. Op. cit. p. 64.

the Pacific, children generally have limited ‘voice’ within the family and community and there are still many incidences of violence which go unreported by children. In addition, a number of teenage respondents who participated in the Child Protection Baseline Surveys expressed lack of understanding of unacceptable touching and a sense of agency over their own bodies. In Palau, for example, almost one-fifth of child respondents disagreed with the statement that “older children/adults have no right to touch children’s body in an unacceptable manner,” and more than 20 per cent did not support the statement that “if an adult offers a child money, sweets or other things to touch their body, the child should tell someone.”⁵⁹⁰ This suggests that children lack bodily autonomy and an awareness of their right not to be touched in a way that makes them feel uncomfortable.

The traditional practice of sending children to live away from their parents has also been highlighted as a factor contributing to children’s vulnerability to violence, abuse and neglect in several PICTs.⁵⁹¹ In FSM, for example, over 40 per cent of the children live with relatives other than their parents, often in peri-urban informal settlements while their parents remain in rural areas. Children sent to live with relatives in large cities have been identified as at risk of human trafficking, as they may be subjected to domestic servitude or coerced to engage in sexual activity in exchange for food, clothing, shelter, or school fees.⁵⁹² In addition, adopted children may have lesser status than other children and are at risk of being neglected or exploited, or having reduced access to education and other services.⁵⁹³

Urbanisation, migration, and the resulting disruption of traditional family support networks have also been highlighted as factors contributing to violence, abuse, neglect and exploitation of children. The FSM Family Health and Safety Study noted, for example, that family structure changes and less efficient social controls by the extended family have resulted in children and women being more easily targeted for abuse.⁵⁹⁴ In its State Party Report to the UN Committee on the Rights of the Child, Palau highlighted that modernisation and external factors such as increased movement of people in and out of the country due to tourism, increased access to social media through technology, and economic hardship also contribute to increased risks for children to abuse, neglect and exploitation.⁵⁹⁵

Economic factors have also been highlighted as a cause of children’s increased vulnerability, particularly with respect to sexual and labour exploitation. In RMI, Kiribati and Solomon Islands, for example, children are reportedly involved in commercial sexual exploitation on fishing boats and in logging camps in return for food or other goods, sometimes with the complicity of their parents.⁵⁹⁶ In Fiji, several economic factors have been identified as the main push contributing to

590 Ibid., p. 114.

591 See, for example, Fiji Child Baseline Report. Op. cit. p.16; Palau Child Protection Baseline Report. Op. cit. p. 39; Kiribati Child Protection Baseline Report, p. 106.

592 US Department of State, ‘Trafficking in Persons Report 2017’: Fiji, p. 170; Solomon Islands State Party Report. Op. cit. para 288.

593 Solomon Islands State Party Report. Op. cit. paras 145-147.

594 FSM Family Health and Safety Study. Op. cit. p. 19.

595 Replies of Palau to the UN Committee on the Rights of the Child List of Issues, Oct 2017, para 46.

596 US State Department. Trafficking in Persons Report. Op. cit. p. 339 <https://www.state.gov/j/tip/rls/tiprpt/2016/110.07.17>].

child labour, including “poverty, parental or family neglect and other social problems, combined with the need for cash for personal wants.”⁵⁹⁷

A key structural cause contributing to children’s vulnerability to violence, abuse, neglect and exploitation across the PICTs are bottlenecks and barriers in the delivery of effective child and family welfare services, and in access to child-friendly justice (discussed below).

6.2. The child protection system

While governments across the Pacific have made significant progress in strengthening their national child protection system, however gaps and challenges remain.

6.2.1. The legal and policy framework for child protection

Children’s right to care and protection has been addressed in a variety of national laws across the PICTs. However the extent to which a comprehensive and effective legal framework is in place to protect children varies considerably. Only Cook Islands, Kiribati, Solomon Islands and Vanuatu have national policies and/or plans of action to guide child protection system reforms.

Child Protection Laws

| | |
|--|--|
| National Child Protection / Child Welfare Policy or Plan of Action | Cook Islands, Kiribati, Solomon Islands, Vanuatu; In draft in Fiji, Samoa |
| Child welfare and protection law | Cook Islands, Fiji, Kiribati, Nauru, RMI, Solomon Islands. Bills pending in Samoa, Tuvalu and Fiji Minimal provisions relating to child abuse reporting in FSM, Palau |
| Juvenile justice law | Detailed laws in Fiji, Samoa, Kiribati Some special protections for children in FSM, Solomon Islands, Vanuatu, RMI |
| Police standard operating procedures on handling children | Fiji, FSM, Kiribati, Palau, Vanuatu |
| Minimum age for child work established | Cook Islands, Fiji, Kiribati, Samoa, RMI, Solomon Islands, Tuvalu, Vanuatu |
| Children under 18 prohibited from hazardous or harmful work | Fiji, Kiribati, RMI, Samoa, Tokelau |

597 ILO, ‘Child Labour in Fiji. Op. cit. p. 13.

| | |
|---|---|
| Corporal punishment prohibited in schools | Kiribati, Nauru, Tuvalu, Vanuatu, FSM, RMI in law; Palau, Fiji, Solomon Islands, Tokelau, Samoa by policy / regulations |
| Child protection policy / protocols for the education sector | Fiji, RMI, Samoa, Vanuatu, Tuvalu (in draft) |
| Child protection policy / protocols for the health sector | Fiji, Kiribati, Solomon Islands, RMI |
| Disability law or policy | Cook Islands, Fiji, FSM, Palau, Nauru, Niue, Samoa, Solomon Islands, Vanuatu |
| Child protection in emergencies integrated into disaster risk management plans / policies | Kiribati, Nauru, RMI, Samoa, Solomon Islands, Vanuatu |

6.2.1.1. Legal framework for child and family welfare services

A number of PICs have recently introduced comprehensive new child welfare and protection laws to provide a solid legal framework for their child protection systems, including Cook Islands, Fiji, Kiribati, Nauru, RMI, and Solomon Islands.⁵⁹⁸ Samoa and Tuvalu have new Bills pending,⁵⁹⁹ and Fiji is in the process of updating its dated Juveniles Act 1974 to reflect modern child protection practices.⁶⁰⁰ These laws designate a government agency with responsibility for: child protection prevention, early intervention and response services; providing detailed guidance on the process for reporting, referral and response to children who have been or are at risk of harm; regulating alternative care; and introducing mechanisms for ensuring registration and quality control over child protection service providers. The new laws also reinforce the best interest of the child as a guiding principle, emphasise family strengthening and family preservation, and acknowledge the need to build on the strengths of informal community caring practices. The Cook Islands Family Protection and Support Act 2017, for example, explicitly integrates and builds on customary and community practices through the use of *uipaanga kopu tangata* (family meetings) in care planning.⁶⁰¹ The laws in Solomon Islands and Kiribati include similar provisions to engage extended family and community leaders in decision-making through “family meetings”.

However, in FSM, Niue, Palau, Tokelau, Tonga, Tuvalu and Vanuatu there is no law guiding the delivery of child protection prevention, early intervention and response services, no clear authority for a government agency to intervene and protect a child who is suffering or at risk of harm (other than through criminal prosecution of the perpetrator), and no regulation of the various forms of

598 Cook Islands Family Protection and Support Act 2017; Kiribati Children, Young People and Family Welfare Act 2012; Nauru Child Protection and Welfare Act 2016; RMI Child Rights Protection Act 2015; Solomon Islands Child and Family Welfare Act 2017.

599 Samoa Child Care and Protection Bill.

600 Fiji Child Care and Protection Bill.

601 Part 5.

alternative care. This acts as a significant bottleneck to the development of child welfare and protection services.

6.2.1.2. Legal framework for justice for children

Across the Pacific, various forms of violence against children are penalised under national criminal laws, including offences in relation to assault, parental neglect, cruelty to children, abduction of children, penetrative and non-penetrative sexual acts, commercial sexual exploitation of children, child pornography and trafficking in children. A number of countries have also taken steps to address emerging online threats to children. In Palau, for example, the Penal Code has been updated to strengthen sexual offences against children and to include the new offence of ‘electronic enticement’ or grooming of a child.⁶⁰² Nauru introduced a new Cybercrime Act 2015 to combat growing cases of sexual assault and abuse of children via social media,⁶⁰³ which includes offences in relation to online solicitation of children, cyberbullying, and online production, distribution, possession and accessing of child pornography.⁶⁰⁴ However, in Cook Islands, Kiribati, Niue, Tokelau, Tuvalu, Tonga, and Vanuatu, child sexual offences are framed in outdated language, and do not provide equal protection to boys and girls. Specific offences in relation to child pornography and commercial sexual exploitation of children are lacking in Cook Islands, FSM, Niue, RMI, Tokelau, Tuvalu, and Tonga, and trafficking in children either has not been penalised, or laws are not fully compliant with international standards in Niue, Nauru, Solomon Islands, Tokelau, Tuvalu, Tonga and Vanuatu. Throughout the PICTs, corporal punishment of children is legally justified under provisions that allow a parent, teacher or other person with care of a child to administer “reasonable” discipline or correction.

Several PICTs have provisions in laws or policies to promote more child-sensitive handling of cases involving child victims and witnesses and to facilitate their access to justice. For example, Fiji, Kiribati, Vanuatu and Palau have issued detailed guidance to the police on effective and child-sensitive approaches to conducting interviews and investigations involving child victims. In Fiji, Nauru, Kiribati, RMI, Samoa, Solomon Islands and Vanuatu, provision has been made either in law or policy for special measures to assist child victims witnesses in giving effective evidence in criminal court, such as screens, use of live-link or video-taped evidence, accompaniment by a support person, and restrictions on inappropriate cross-examination. For example, Samoa’s Evidence Act 2015: gives the court discretion to allow a complainant to have a support person near them while giving evidence; allows the judge to disallow questions that are improper or expressed in language that is too complicated for the witness to understand; prohibits the accused from directly cross-examining the complainant or any child witness in a sexual case or proceedings concerning domestic violence; and gives the judge discretion to allow a witness to testify via electronic link, video-taped testimony, or from behind a screen.⁶⁰⁵ However, in many PICTs, the lack of special measures to facilitate children’s evidence and to protect them from contact with the perpetrator during the criminal proceedings acts as a barrier to effective prosecution of crimes against children.

602 17 PNC, Chapters and 14, 15, 18, 20, 21, and 48.

603 State Party Report. Op. cit. para 40.

604 Sections 14, 15, 22 and 14.

605 Sections 69, 73, 80, 86-90.

Only three PICTs (Fiji, Kiribati and Samoa)⁶⁰⁶ have relatively comprehensive laws governing the handling of children in conflict with the law, and the minimum age of criminal responsibility is very low across the Pacific. All countries have minimum ages lower than the ‘absolute minimum age’ of 12 recommended by the UN Committee on the Rights of the Child,⁶⁰⁷ with Tonga’s the lowest at 7 years, Solomon Islands at 8 years, and the remaining countries at 10 years. All countries use the ‘*doli incapax*’ principle, with a rebuttable presumption that children between specified ages (e.g. 10 and under 14) are not criminally liable unless it can be shown that they were aware that their act or omission was ‘wrong’ at the time it was conducted. The Committee on the Rights of the Child has noted concern over the ‘split’ ages of criminal responsibility as they can cause uncertainty and confusion.⁶⁰⁸ In addition, several PICTs allow children to be punished for status offences contrary to the recommendations of the UN Committee,⁶⁰⁹ including for being “beyond control” (Fiji) and for being “delinquent” (FSM, Palau, RMI). In Tokelau, Tuvalu, Vanuatu, Cook Islands and Samoa, special procedural protections for children in conflict with the law do not extend to children under the age of 18, and as a result children who are 16 or 17 are treated as adults.

Juvenile justice and criminal law in most PICTs include some restrictions on deprivation of liberty of children, provide for a range of non-custodial measures at the pre- and post-trial stage, and make provision for children to be supported by a parent or other legal representative. Samoa’s Young Offenders Act explicitly incorporates traditional restorative justice practices by allowing the court to direct the Probation Service to arrange a pre-sentence meeting (*fa’aleleiga*) to help inform the court’s sentencing decision.⁶¹⁰ However, the laws in most PICTs fall short of ensuring child-sensitive handling of children at all stages of the criminal justice process, and in particular provide limited guidance on arrest and investigation procedures (such as limitations on use of force and restraints), do not fully guarantee children’s right to be separated from adult detainees, and do not address supervision, rehabilitation and reintegration support for children. In Tonga and Tuvalu, little used provisions allow for corporal punishment as a criminal sentence, while, in Tonga, the death penalty may be applied to children. Only Samoa includes provision for pre-trial diversion in its law, however the practice is regulated through police standard operating procedures in Fiji, Kiribati, and Vanuatu.

6.2.2. Child Protection structures, services and resourcing

At the core of any child protection system are the services that children and families receive to reduce vulnerability to violence, abuse, neglect and exploitation. These services should be designed to minimise the likelihood that children will suffer protection violations, help them to survive and recover from violence and exploitation, and ensure access to child-friendly justice.

606 Fiji Juveniles Act 1974; Kiribati Juvenile Justice Act 2015; Samoa Young Offenders Act 2007.

607 UN Committee on the Rights of the Child, General Comment No. 10, 2007, para. 31.

608 Ibid. para. 30.

609 Ibid. para. 8.

610 Section 6.

6.2.2.1. Child and family welfare services

The capacity to deliver a comprehensive continuum of prevention, early intervention and response services remains a challenge throughout the PICTs. Most countries have a designated government agency with clear responsibility for child and family welfare services, but human resources remain a significant challenge. Fiji, Kiribati, Nauru, Solomon Islands and Vanuatu have officers responsible for child protection at the national and sub-national level, however their capacity to reach children and families is constrained by geography and logistics. Samoa, Tuvalu, FSM, Palau, RMI, and Cook Islands only have child protection staff in the national capital, and the social welfare agency responsible for social welfare services is either ill-defined or significantly under-developed in FSM, Niue, Palau, Samoa, Tokelau, and Tonga. There is a shortage of trained social workers throughout the PIC, with most countries relying on staff with varying degrees of on-the-job training in child welfare and protection.

Most PICTs have taken steps to raise awareness about child protection issues through national multi-media campaigns and/or community engagement. Some, such as Fiji, Kiribati, Palau, Cook Islands and Samoa have introduced community-based programmes to improve parenting practices. Fiji, for example, has developed an inter-active community facilitation package on positive parenting that has been fully integrated into the field work of the Department of Social Welfare and other agencies.⁶¹¹ In Samoa, the Child Protection Unit conducts regular positive parenting workshops in communities, which focus on understanding of children's rights, identifying forms of violence, and the use of six parenting principles which promote violence-free, positive discipline practices and encourage the development of safe and healthy families.⁶¹² In the Cook Islands, the NGO Punanga Tauturu Inc. (PTI) conducts parenting workshops which cover issues such as: roles and responsibilities of fathers, mothers and children; making the home environment conducive for learning and peaceful for work and play; new methods of teaching children morals and values; alternative ways of disciplining children; and conflict resolution at home.⁶¹³

Few PICTs have clear inter-agency protocol and procedures to facilitate reporting of child protection cases, and to ensure timely and effective intervention and case management. As a first for the Pacific, Fiji established a Child Helpline in 2015 and has also developed detailed Interagency Guidelines on Child Abuse and Neglect, as well as a Child Protection Intervention Guide for welfare officers. Nauru has also established an inter-agency case management mechanism, and in Solomon Islands and Kiribati, child protection cases are managed within the framework of the SafeNet referral pathway for adult domestic violence cases. In other countries, some ad hoc referrals take place, primarily between the health sector, police and NGO service providers, but there is as yet no systematic approach to case management.

Social services to support children in need of protection and their families are limited throughout the Pacific. In most countries, the government agencies are able to provide medical treatment, some counselling, and legal advice. However, formal counselling and support services remain very limited, and are primarily provided by NGOs and church groups. A number of countries (Fiji,

611 UNICEF. 2015. 'Child Protection Governance Review.' p.27.

612 Addendum to the State Party Report to the UN Committee on the Rights of the Child: Samoa, para 16.

613 State Party Report to Committee on the Rights of the Child. Op. cit. para 173.

The Cook Islands, Kiribati, Nauru and Solomon Islands) have mandated their social welfare agency to register and ensure oversight of child protection service providers, but these mechanisms are not yet fully functioning. For example, a key remaining challenge identified in Fiji is the lack of adequate quality assurance mechanisms, including regular monitoring and inspections of all NGO service providers in the social welfare sector.⁶¹⁴

Throughout the Pacific, alternative care for children is primarily provided through kinship care, but there is a lack of alternatives in many countries for children who cannot be safely placed with a family member. No country in the region has developed a formal foster care programme, and only Fiji and Samoa have residential care facilities specifically for children. In Kiribati, Solomon Islands, Nauru, Tonga, and Vanuatu, children may be placed temporarily in safe houses designed for adult victims of family violence. Lack of alternative care options potentially places children at risk, particularly in contexts where extended family networks are under stress. In its State Party Report to the UN Committee on the Rights of the Child, Cook Islands noted that, with a breakdown in the extended family there are sometimes difficulties with identifying suitable relatives to assist with children at risk, and in such situation, children are sometimes taken into the homes of sympathetic police or probation officers.⁶¹⁵ The lack of support to and monitoring of children in kinship care also raises concerns about their care and protection. In its Concluding Observations to Tuvalu, for example, the UN Committee expressed concern over the lack of monitoring of children placed with extended family members, and recommended that Tuvalu take steps to provide support to the kinship carers, including information on the best forms of child-rearing practices, social support and material resources, in order to provide safeguards for children separated from their parents.⁶¹⁶

In general, the lack of human and financial resources acts as a significant barrier to effective delivery of child and family welfare services throughout the Pacific. Some social welfare agencies, such as in Fiji,⁶¹⁷ have seen recent increases in their annual budgetary allocation, but in general the lack of sufficient dedicated resources acts as a significant supply-side bottleneck to the delivery of quality and consistent child welfare services.

6.2.2.2. Access to child-friendly justice

Most PICTs have taken steps to promote more specialised handling of cases involving children and to improve access to child-friendly justice. Special police units have been appointed to handle family and/or sexual violence cases (including child victims) in Nauru, Fiji, FSM, the Cook Islands, Kiribati, Nauru, Samoa, Solomon Islands, Tonga and Vanuatu, but only Fiji has a specialised police unit for children in conflict with the law. The Fijian Police Force Juvenile Bureau operates at the national and divisional level, and Child Focal Points have been designated in each police station.⁶¹⁸ Training for police on handling children's cases has been provided in Fiji, Vanuatu, Kiribati, Nauru,

614 UNICEF Pacific. 2014. 'Child Protection System Governance Indicators Framework Fiji.' p. 47.

615 State Party Report to UN Committee on the Rights of the Child. Op. cit. para 174.

616 Ibid. para 42.

617 Issue Brief: Fiji, 3rd High Level Meeting on South-South Cooperation on Child Rights in Asia and Pacific (7-8 November 2016) Malaysia.

618 UNICEF Pacific and Carswell Consultancy. Op. cit. p. 36

Palau, Tuvalu, the Cook Islands, Samoa and Solomon Islands. However, challenges remain, and police forces across the PICTs are reported to lack adequate training, guidance and resources to fulfil their roles effectively. Concerns remain about the attitude and sensitivity of the police, lack of facilities to interview children privately, and lack of basic resources to conduct investigations efficiently (e.g. vehicles and office supplies).⁶¹⁹ For example, the UN Committee expressed deep concern: about the limited capacity of the Nauruan Police to investigate allegations of sexual violence against children; that investigative and other procedures fail to provide guarantees of redress and lack a child-friendly approach; and that there was insufficient cooperation and information sharing among relevant agencies and inadequate follow-up of complaints.⁶²⁰

Some PICTs have taken steps to strengthen the capacity of prosecutors, judges and magistrates to handle child victim cases effectively. For example, Fiji's Office of the Director of Public Prosecutions has established a specialised Child Protection Division, Child Protection Guidelines for Public Prosecutors have been issued, specialised training has been provided to judges and magistrates, and steps taken to create child-friendly courtrooms equipped with live-link facilities and screens. In Samoa, a specialist Family Violence Court was established in 2013 to deal with family violence and child protection cases.⁶²¹ However, even in countries where the law allows for special measures to facilitate children's evidence in criminal cases (screens, video, etc.), these are not consistently available in practice, and there is a lack of victim support programmes across the PIC to familiarise children with the court process and to provide support at all stages of the proceedings.⁶²² In general, the lack of specialised judicial officers and court facilities acts as a barrier to PIC children's access to justice and to the effective and efficient prosecution of perpetrators.

Specialised courts for children in conflict with the law have been established in Cook Islands, Fiji, Kiribati, Samoa, and Solomon Islands and Vanuatu. In the Cook Islands, the Ministry of Justice has initiated an innovative *Koro Akaau* (The Enclosure of Resolving Matters), a restorative justice process within the Children Court, modelled on the New Zealand *Pasifica* or *Rangatahi* Court.⁶²³ Similarly, in Samoa, the Child Protection Baseline study noted that there has been an increase in community-based sentences and an increased recognition of Samoan customs and processes, for example allowing the out-sourcing of mediation to communities, reflecting the link between informal justice and Samoan cultural practices.

Pre-trial diversion of children is reportedly commonly used by the police in Fiji, Samoa, Kiribati, Palau, FSM, RMI, Solomon Islands, Tonga and Vanuatu. This primarily takes the form of police warnings or referral to a church leader or informal or restorative justice process. In Kiribati, police have been actively diverting children at the pre-trial stage by issuing a formal caution, organising a restorative community conference to develop a diversion plan, or by referring the child to the Alcohol Awareness and Family Rehabilitation NGO and the MWYSA Youth Division Life Skills

619 Ibid.

620 State Party Report to the UN Committee on the Rights of the Child: Nauru. Op. cit. paras 30–1.

621 Addendum to State Party Report to the UN Committee on the Rights of the Child: Samoa. Op. cit. para 21.

622 Samoa Child Protection Baseline. Op. cit. p. 24; State Party Report to the UN Committee on the Rights of the Child: Palau. Op. cit. para 139; RMI Child Protection Baseline. Op. cit. p. 33.

623 Ministry of Justice. Annual Report 2015-16. pp. 24-25 <http://www.justice.gov.ck/images/reports/Annual-Report--2015-16.pdf> [10.07.17].

Training programme.⁶²⁴ The Fiji Juvenile Bureau operates a Blue Light programme promoting youth leadership, social responsibility and crime prevention that is used for diversion.⁶²⁵ In other PICTs, there is a lack of diversion programmes to provide a viable alternative to formal charging.

Custodial sentences appear to be rarely used in the Pacific. For example, in Nauru there have been only two juvenile prisoners in the past five years.⁶²⁶ Only Fiji, Samoa, Nauru, Palau and Solomon Islands have facilities to keep children separate from adult detainees, whilst other PICTs lack facilities to ensure that children, when they are detained, are not kept alongside adults. Fiji, Samoa and the Cook Islands have made progress in strengthening their probation services, but support services for children's rehabilitation and reintegration are quite limited throughout the region.⁶²⁷

Throughout the Pacific, many offences involving children in conflict with the law and child victims are not referred to the police and courts at all, but are instead resolved informally through community mechanisms.⁶²⁸ The use of traditional justice mechanisms can be seen as a positive, restorative justice option for children in conflict with the law. However, of concern is the lack of monitoring and oversight of these practices, and the fact that it sometimes involves the use of corporal punishment against child offenders.⁶²⁹ In addition, concerns have been raised that community resolutions do not afford child victims adequate access to justice, do not ensure care and protection for the child victim, and often prioritise community peace and harmony over the interests of the child.⁶³⁰ In Vanuatu, the National Child Protection Policy notes that harmful practices such as compensating a family with the 'gift' of a child, or arranging for a child sexual abuse victim (or a sibling) to marry the perpetrator or other male community member are still practiced in some areas.⁶³¹

6.2.2.3. Child protection in the health, education, labour and other allied sectors

In a number of PICTs, the ministries of education have taken steps to address violence in schools and to strengthen the role of teachers and other education professionals in the child protection system. Corporal punishment in schools has been banned in 11 countries, either through the national education law (Kiribati, Nauru, Tuvalu, Vanuatu, FSM, RMI) or through internal policies and regulations (Palau, Fiji, Solomon Islands, Tokelau, Samoa). Comprehensive child protection policies for the education sector are in place in Fiji, RMI, Samoa, Vanuatu and Tuvalu (in draft). In RMI, for example, a Public School System Child Protection Policy was introduced to enforce the school system's commitment to "safeguarding and protecting children, maintaining vigilance and acting in their best interests". The policy includes a framework to assess and manage risk to children and

624 UNICEF Pacific and Carswell Consultancy. Op. cit. p. 80.

625 Fiji State Party Report to the UN Committee on the Rights of the Child. Op. cit. p. 34.

626 Government of Nauru and UNICEF. 2016. Review of the Child Protection System in Nauru. p. 24.

627 Van Welzenis, I. Intern. Op. cit. pp. 149-153.

628 Van Welzenis, I. Op. cit.

629 See, for example, Fiji Child Protection Baseline Report. Op. cit. p. 36; Palau Child Protection Baseline Report. Op. cit. p. 35; Vanuatu Child Protection Baseline Report. Op. cit. p. 64.

630 Ibid.

631 Vanuatu National Child Protection Policy. Op. cit. p. 16.

the measures and systems put in place to respond to concerns about their wellbeing, including procedures for reporting violations. It also includes guidelines for recruitment and induction of teachers and volunteer teachers, and introduces a Code of Conduct for Working with Children that all regular and volunteer teachers are required to sign.⁶³² Fiji's Ministry of Education has also introduced a detailed Policy on Child Protection, which takes a 'zero tolerance' approach to all forms of violence, abuse, neglect and exploitation of children in schools, including bullying and cyberbullying.⁶³³

Formal mechanisms for teachers to report suspected cases of children who have been abused or who are at risk are in place in Fiji, Nauru, RMI and Vanuatu. Fiji, for example, requires all schools to appoint a Child Protection Officer to act as the focal point for child protection issues in schools, including any investigation of a child protection violation. All schools with over 500 children have a school-based counsellor, and child protection training has been provided to teachers, including on their reporting obligations under the Child Welfare Act 2010.⁶³⁴ Nauru's schools similarly have Education Liaison Officers who are often the first point of contact through which cases of child abuse or neglect are reported to the Child Protection Services Division, and they are reportedly collaborating well to ensure appropriate referral and follow-up.⁶³⁵

Some PICTs, including Samoa, Nauru, the Cook Islands and Kiribati have also taken steps to incorporate child protection into the curriculum, ensuring that children have the knowledge and skills to protect themselves. In Nauru, an anti-bullying policy has been drafted and an anti-bullying programme introduced, and a Family Life Education ("FLE") module has been incorporated into the year nine curriculum.⁶³⁶ In Samoa, the Ministry of Education, Sports and Culture, in collaboration with the police and NGOs, has also implemented a number of violence prevention activities with students on preventing alcohol and drug abuse, bullying, street fights, and cybercrime.⁶³⁷ In the Cook Islands, schools have also cooperated with the Community Police Unit to implement educational programmes in schools designed to encourage young people to take responsibility for their own safety and well-being, including a component on violence prevention (to enable young people to develop non-violent relationships and to learn skills needed to manage situations where the risk of violence is evident) and conflict resolution.⁶³⁸

The health sector has a potentially significant role in prevention, early identification and response to violence against children. However, as yet none of the PICTs have health sector policies that acknowledge violence as a priority health issue for children and that incorporate child protection strategies into all levels of health service delivery. Public health nurses and other health workers who provide community outreach services have generally not been trained on child protection issues, thus limiting their ability to play an important prevention and early intervention role.

632 State Party Report to the UN Committee on the Rights of the Child: RMI. Op. cit. paras 71, 181.

633 Fiji Child Protection Baseline Report. Op. cit. p. 109.

634 Ibid.

635 Nauru Review of the Child Protection System. Op. cit. p. 86.

636 State Party Report to the UN Committee on the Rights of the Child: Nauru, Op. Cit. para 81, 238.

637 State Party Report to the UN Committee on the Rights of the Child: Samoa. Op. cit. paras 4.15.

638 State Party Report to the UN Committee on the Rights of the Child: Cook Islands. Op. cit. para 237.

Across the Pacific, hospitals and public health centres often serve as entry points for child victims of violence and abuse, particularly if there are associated physical injuries. A number of PICTs, including Fiji, Kiribati, Solomon Islands and RMI have developed health sector protocols, procedures and templates for examination, treatment and referral of children who are suspected to be victims of abuse, and are under development in Nauru. In other countries, referrals are taking place, but generally on an ad hoc basis. The lack of training for health care professionals in identifying and reporting cases of child abuse has been identified as a bottleneck to effective follow-up.

Child protection has not been a significant priority for the labour sector in the PICTs, and few countries have initiatives to address child labour. The legal frameworks for protection from child labour vary across the PICTs but generally fall short of meeting international standards. Several countries (FSM, Nauru, Niue, Palau, Tonga and Tokelau) have yet to set a minimum age for children's work across all sectors, and many (the Cook Islands, FSM, Nauru, Niue, Palau, Solomon Islands, Tonga, Tuvalu and Vanuatu) do not fully prohibit children under the age of 18 from engaging in harmful or hazardous work.

With the support of ILO, the labour sector in Fiji, Kiribati, Samoa and Solomon Islands has led initiatives to address child labour.⁶³⁹ In Samoa, for example, the Ministry of Commerce, Industry, and Labour has undertaken research on the involvement of children in street vending, conducted awareness on child labour, and produced an Employer's Guide for Eliminating Child Labour. A Child Labour Taskforce has been established to coordinate implementation of strategies to address issues of children involved in street vending, including spot checks to enforce provisions under the Education Act 2009 prohibiting compulsory school aged children from engaging in street trading or other work during school hours.⁶⁴⁰ Fiji's Ministry of Labour, Industrial Relations and Employment has also taken steps to raise awareness of child labour issues and to strengthen identification and response to incidents of child exploitation. A Child Labour Unit was established in 2011 to coordinate the Ministry's initiatives in collaboration with other government agencies, trade unions and civil society organizations. Labour inspectors have been trained on identifying cases of exploitative child labour, including the worst forms of child labour, and a system of child labour inspections and referrals has been established and integrated into the Labour Standards and Compliance Service.⁶⁴¹

6.2.3. Mechanisms for inter-agency coordination, information management and accountability

A number of PICTs have taken steps to strengthen inter-agency collaboration through the establishment of inter-agency child rights coordination committees. However, only Fiji, Solomon Islands, Kiribati and Nauru have inter-agency working groups or sub-committees with a specific mandate for strategic coordination and policy development in relation to child protection. The lack of effective mechanisms for inter-sectoral coordination, strategic planning and oversight has been identified as a bottleneck to the effective functioning of the child protection systems across the region.

639 <http://www.ilo.org/suva/areas-of-work/child-labour/lang-en/index.htm> [28.11.17].

640 Addendum to State Party Report to the UN Committee on the Rights of the child: Samoa, Op. Cit., paras 58-62.

641 ILO. 2013. 'Media Spotlight on Child Labour', p. 5-6.

Effective planning, policy development and monitoring of the child protection system is also hampered by the lack of a centralised child protection information management system, and mechanisms for monitoring and oversight of child protection interventions. Though some PICTs have taken steps to develop child protection databases (e.g. Fiji, Samoa and FSM), none have comprehensive child protection information management systems that are functioning effectively. In all countries, data in relation to some child protection cases is held by individual agencies, but there is a lack of consistent definitions and disaggregation and mechanisms, thus hampering consolidation and analysis. The Child Protection Baseline Studies, Family Health and Safety Surveys and Global School-Based Health Surveys have helped provide a clearer picture on the nature and extent of some forms of violence against children in the Pacific, but significant gaps in data and research remain, particularly with respect to child marriage, sexual abuse and exploitation of children, child labour, children in conflict with the law and children with disabilities.

6.3. Other Child Protection Issues

6.3.1. Birth Registration

6.3.1.1. Coverage

Significant progress has been made in improving rates of birth registration across the PICTs, as indicated in Table 6.4.

Table 6.4: Birth registration of children under 5

| Country | Year | Value | Source | Year | Value | Source |
|------------------------|------|-------|--------|------|-------|----------------------|
| Cook Islands | | | | 2013 | 70% | MDG profile |
| Kiribati | 2009 | 94% | DHS | | | |
| Nauru | 2007 | 83% | DHS | | | |
| RMI | 2007 | 96% | DHS | 2017 | 83.8% | ICHNS ^{xxx} |
| Samoa | 2009 | 48% | DHS | 2014 | 64.9% | DHS |
| Solomon Islands | 2007 | 79.1% | DHS | 2015 | 88% | DHS |
| Tonga | | | DHS | 2012 | 93.5% | DHS |
| Tuvalu | 2007 | 50% | DHS | | | |
| Vanuatu | 2009 | 45% | DHS | 2013 | 75.5% | DHS |

Where disaggregated data are available, they show higher birth registration rates in urban than in rural areas, and among the richest quintile compared to the poorest,⁶⁴² in Kiribati, RMI and Tonga,

642 E.g. Samoa, Tuvalu and Vanuatu.

which have the highest rates of birth registration across the PICTs, the ratio of urban to rural is 1:1, and, in Kiribati, the ratio of richest to poorest is also 1:1.⁶⁴³ It is important to note that these figures refer to birth registration rates, rather than rates of the issuance of birth certificates. Indeed, data around birth registration can be complicated through confusion over notification of birth, birth registration and issuance of birth certificates. Often, the rate of possession of birth certificates is lower than the registration rate and the registration rate is lower than the notification rate. In some cases birth certificates are issued but not delivered to or collected by parents.

6.3.1.2. Legal framework, national plan and coordination

A number of countries have taken steps to strengthen coordination and streamline the birth registration process to ensure that it is easily accessible to all children. For example, Fiji and Vanuatu have taken steps to decentralise their birth registration systems;⁶⁴⁴ Kiribati, Solomon Islands, Tuvalu and Vanuatu have improved birth registration by strengthening collaboration with the health sector;⁶⁴⁵ and FSM and Samoa have trained traditional birth attendants to register births (Table 6.5).⁶⁴⁶

Table 6.5: Status of CRVS

| Country | Civil Registration and Vital Statistics (CRVS) Law | CRVS National Plan | CRVS National Committee |
|---------------------|--|--------------------|-------------------------|
| Cook Islands | Births and Deaths Registration Act (1973). Births and Deaths Registrations (Fees) Regulations (1998), Births and Deaths (Amendment) Act (2007) | Yes | Yes |
| Fiji | Births, Deaths and Marriages Registration Act Cap 49 (1975). Births, Deaths and Marriages Registration (Amendment) Act (2014) | | Yes |
| FSM | Code of the Federated States of Micronesia (Chapter 1 – Health services administration) (1982) | No | No |
| Kiribati | Births, Deaths and Marriages Registration Cap. 5 1966 | Yes | Yes |
| Nauru | Births, Deaths and Marriages Ordinance (1957) | Draft | Yes |
| Niue | Births and Deaths Registration Regulations (1984) | No | Yes |
| Palau | Court Order – In the Matter of Birth Certificates (22 Sept 2011). Sect. 34 National Constitution (1979) | | |

643 Kiribati. Demographic and Health Survey 2009.

644 Brisbane Action Group. 2014. Improving cause of death data – certification and coding FIJI; UNICEF Pacific. Partnerships Lifting Birth Registration Numbers in Vanuatu. p. 1.

645 Kiribati: UNICEF, Australian AID, European Union, Australian Government DFAT. Child Protection Case Study, Partnerships Promoting High Birth Registration in Kiribati. [undated]. p. 2; UNICEF. 2012. Case Study on Narrowing the Gaps in Birth Registration: Born Identity Project Solomon Islands; State Party report to the Committee on the Rights of the Child: Tuvalu. para. 350.

646 Government of FSM and UNICEF. 2014. Protect Me with Love and Care: Child Protection Baseline. pp. 11, 75; Samoa Ministry of Women. Community and Social Development Annual Report 2014-15

| | | | |
|------------------------|---|-------|-----|
| RMI | Births, Deaths and Marriages Registration Act (2012) | | Yes |
| Samoa | Births, Deaths and Marriages Registration Act (2002) | Yes | Yes |
| Solomon Islands | Births and Deaths (Registration) Act (1996) Births, Marriages and Deaths Registration Act (1996) | Yes | Yes |
| Tokelau | Births and Deaths Regulations (1969) | No | No |
| Tonga | Births, Deaths and Marriages Registration Act (1988) | No | Yes |
| Tuvalu | Births, Deaths and Marriages Registration Act (2008) | Draft | No |
| Vanuatu | Civil Status (Registration) Act (2006) Civil Status (Registration) Act 2014 (in development) | Yes | Yes |

Source: UNICEF, 2012⁶⁴⁷

6.3.1.3. Access

In most countries, birth registration is free, in particular if new born children are registered within the time limit, but birth certificates are issued for a fee. In most countries, late registration carries a fee (Table 6.6).

Table 6.6: Cost of birth registration

| Country Time Limit | | New Born Registration | | | Late Registration | |
|-----------------------|----------------|--|---------------------------------|----------------------------------|---|----------------------|
| | | Cost of Birth Registration Within time limit | Cost of Birth Certificate | Cost of Birth Registration | Cost of Birth Certificate | |
| Cook Islands | | Law 1 month Practice 14 days. | Free within 14 days | NZD 25 | NZD 20 Penalty per each month delayed from DOB | NZD 25 |
| Fiji | | 1 year | Free | FJD 2 | FJD 9 | FJD 2 |
| FSM | Pohnpei | No time limit | Free | USD 2 | Free | USD 2 |
| | Kosrae | No time limit | Free | USD 3 | Free | USD 3 |
| | Yap | No time limit | Free | USD 2 | Free | USD 2 |
| Kiribati | | 12 months | Free | Free | AUD 9 | Included in AUD 9 |
| Nauru | | | Free | AUD 10 | | AUD 10 |
| Palau | | 10 days | Free | USD 2 | USD 25 | USD 2 |
| Samoa | | 3 months | Free | WST 15 | WST 20 | WST 15 |

| | | | | | |
|------------------------|----------------------------------|---|---|---|--------------------|
| Solomon Islands | 6 weeks | Free for children born in health facilities | Free for children born in health facilities | SBD 10 | Included in SBD 10 |
| Tonga | Law 3 weeks Practice 3 months | Free | TOP 10 | TOP 16 to lodge + lawyers' fees documents preparation | Included in TOP 16 |
| Tuvalu | Law 10 days Practice 6 months | Free within 3 months | AUD 10 | - Birth Notification 5 - Court assessment 10 - Declaration 10 - Late registration 4 Total of AUD 29 | AUD 10 |
| Vanuatu | 21 days | Free | Free | Free | VUV 1500 |

Source: UNICEF compilation

6.3.1.3. Challenges

Challenges hindering the achievement of full coverage vary across countries and include: need to review legislation; lack of prioritisation of birth registration; inadequate information management systems, including lack of synchronisation between health and civil registration information systems; insufficient safety of data and records; insufficient training of personnel in charge of birth registration; access difficulties in remote areas; cost of transport to nearest civil registration office and cost of birth certificate; cultural tradition of name giving by the family several months after birth; and lack of awareness of families of the importance of registering births.

6.3.2. Children with disabilities

Children with disabilities in the Pacific face many cultural and physical barriers that hinder their full participation in society. They tend to be marginalised and have lower levels of participation in education, training and employment; lack access to goods, services and facilities; and often face stigma, social exclusion and lack of opportunities for meaningful participation in the community.⁶⁴⁸ The perception that having a child with disabilities is a curse, linked to sorcery, or a punishment for wrongdoing is still strong in some countries.⁶⁴⁹ In addition, children with disabilities tend to be over-protected and cared for to the extent that they are not encouraged

648 See, for example, Addendum to the State Party Report to the UN Committee on the Rights of the Child; Vanuatu, para 132-134; UNICEF. 2011. Children in Solomon Islands: An Atlas of Social Indicators, p. 48.

649 Ibid.

to attend school or learn skills that would lead them to an independent life. Some families are embarrassed about their children with disabilities and hiding such children is common. The on-going risks associated with natural disasters, including cyclones, volcanic eruptions, earthquakes, tsunamis and landslides, further compound the many barriers faced by children with disabilities.⁶⁵⁰

Nine PICTs (the Cook Islands, Fiji, FSM, Nauru, Palau, RMI, Samoa, Tuvalu, and Vanuatu) have ratified the Convention on the Rights of Persons with Disabilities, and Solomon Islands has signed but not yet ratified. A number of PICTs, including the Cook Islands, Fiji, FSM, Palau, Nauru, Niue, Samoa, Solomon Islands, and Vanuatu have laws and/or national policies guaranteeing the rights of persons with disabilities, recognising children with disabilities as a particularly vulnerable group, and promoting inclusive education.

Some PICTs have taken steps, generally in collaboration with NGOs, to improve identification of and support to children with disabilities. In Palau, for example, services for children with disabilities are coordinated by an Interagency Task Force headed by the Ministry of Health with membership from Special Education, Head Start, Behavioural Health, Vocational Rehabilitation, Physical Therapy, Out Patient Clinic and Palau Parents Network. The Task Force provides coordinated, child-centred services extending from birth through to the end of childhood, and to support and assist parents in need regarding better education and well-being of their children with disabilities.⁶⁵¹ In Vanuatu, disabled people's organizations carry out field visits to homes and villages for detection and early intervention. Community-based rehabilitation programmes targeting both adults and children are operated by the Vanuatu Society for People with Disabilities and the Sanma Frangapani Association. These programmes include visiting homes of children with disabilities, empowerment training, sign language training, sports activities, computer training and sewing programmes for girls with disabilities. Other NGOs are also working with the Government to provide mobility devices for children with disabilities. The Vanuatu Government allocates an annual budget to support the activities of these civil society organizations, however, limited funding and geographical challenges make it difficult for them to maintain regular community visits and to sustain community-based rehabilitation programmes.⁶⁵²

Capacity for early identification of children with disabilities and to provide community-based rehabilitation and other formal support services to children and their families is weak throughout the PICTs. As a result, most of the support provided to children with disabilities comes largely from their extended family and other community members.⁶⁵³ Access to services for children with disabilities is limited by lack of governmental coordination, limited social protection measures, and an overall lack of understanding of the stigma and discrimination against persons with disabilities, including children. In addition, disability remains relatively low on the policy agenda and thus receives limited national budgetary resources.⁶⁵⁴

650 UNICEF. 2017. Situational Assessment of Children with Disabilities in the Pacific [publication pending].

651 State Party Report to the UN Committee on the Rights of the Child: Palau. Op. cit. p. 7, 87.

652 Initial Report to the Committee on the Rights of Persons with Disabilities; Vanuatu. Op. cit. para 143-144, 183.

653 UNICEF Pacific. 2017. Situational Analysis of Children with Disabilities Op. cit. pp. 13, 18.

654 Ibid., p.3.

6.3.3. Climate change and natural disasters

Natural disasters are a common concern across all 14 PICTs and include extreme weather conditions such as drought and flooding, tropical storms and cyclones, rising sea levels and extreme temperatures. In the event of a natural disaster such as typhoon or tsunami, children are the most vulnerable population. Children can become exposed to violence, exploitation, abuse and neglect during natural disasters if they are separated from their families or communities or living in emergency shelters.⁶⁵⁵ In Solomon Islands, the National Policy to Eliminate Violence Against Women and Girls notes that “incidences of violence against women and girls increase during and after conflict and natural disasters and Solomon Islands is highly prone to natural disasters.”⁶⁵⁶ The Government of Samoa also reported on safety and child protection concerns following Cyclone Evan in 2012, highlighting the need to take into account child protection as a specific issue in relation to disaster risk planning.⁶⁵⁷

Climate change more broadly also makes children more vulnerable to child protection concerns because it can lead to family breakdown and separation, due to economic strains related to failing crops or changing economies, or because families physically separate and move away from protective networks.⁶⁵⁸ One recent report on child poverty and hardship in Kiribati noted that children who had moved to islands away from their immediate families were most vulnerable to poverty and hardship as they had left their most protective environment,⁶⁵⁹ and that those who moved from rural to urban areas were removed from informal community-based protection mechanisms that might otherwise support them.⁶⁶⁰

In order to address these concerns, most PICTs have developed comprehensive national action plans on disaster risk management and/or climate change adaptation. In several countries, including Kiribati, Nauru, RMI, Samoa, Solomon Islands, and Vanuatu, children have been identified as a particularly vulnerable group and child protection in emergencies has been incorporated into emergency preparedness and response plans. For example, Nauru’s 2015 Framework for Climate Change Adaptation and Disaster Risk Reduction states that the perspectives of vulnerable groups, including women and children, should be incorporated into planning and priority setting,⁶⁶¹ and includes several strategies to protect children and women from stresses and challenges brought about by climate change. These include the operation of safe houses or shelters from domestic violence and counselling centres, and support to persons with disabilities to be organized through child protection programmes. In Vanuatu and RMI, comprehensive Country Preparedness Packages have been prepared as part of a joint initiative of the Government and the Pacific Humanitarian Team to help strengthen emergency preparedness and collaboration and promote awareness of and access to national and international tools and services. Vanuatu’s has

655 UNICEF Pacific. 2010. Climate Change and Children in the Pacific Islands. p. 64.

656 National Policy To Eliminate Violence Against Women And Girls 2016 to 2020. p. 13, citing UN Women. 2014. Climate Change, Disasters and Gender Based Violence in the Pacific. Suva Fiji.

657 Government of Samoa. 2012. SAMOA Post-disaster Needs Assessment, Cyclone Evan. http://www.gfdr.org/sites/gfdr/files/SAMOA_PDNA_Cyclone_Evan_2012.pdf [10.07.17].

658 UNICEF Pacific. Climate Change and Children in the Pacific Islands. Op. cit. p. 64.

659 UNICEF. 2014. Child Poverty and Hardship in Kiribati. https://www.unicef.org/pacificislands/Child_Poverty_Hardship_in_Kiribati...pdf [10.07.17].

660 Ibid. p. 61

661 Government of Nauru. 2010. Framework for Climate Change Adaptation and Disaster Risk Reduction. p. 14.

a detailed section on Gender and Protection, with a particular focus on children, and includes a number of Child Protection in Emergencies (CPiE) preparedness and response tools, including a protection cluster checklist, tools for assessment, and referral pathway for gender-based violence cases (with a special focus on children).⁶⁶² Training on child protection in emergencies has been provided at the national and sub-national levels in Fiji, Kiribati, Palau, Nauru, RMI, Solomon Islands, Samoa and Vanuatu, thus ensuring that designated officials are able to respond appropriately to keep children safe.

662 Vanuatu NDMO and Pacific Humanitarian. 2017. Vanuatu Country Preparedness Package, p.3

Poverty and Social Protection

A comprehensive social protection system is essential for reducing the vulnerability of the most deprived persons – including children – to social risks. Social protection systems can strengthen the capacity of families and carers to care for their children, and help remove barriers to accessing essential services, such as health care and education, and thereby help close inequality gaps. Social protection measures can also help to cushion families from livelihood shocks, including unemployment, loss of a family member or a disaster, and can build resilience and productivity among the population.

According to UNICEF, social protection is “the set of public and private policies and programmes aimed at preventing, reducing and eliminating *economic* and *social* vulnerabilities⁶⁶³ to poverty and deprivation, and mitigating their effects.”⁶⁶⁴ Social protection systems are essential to ensuring that the rights of children to social security⁶⁶⁵ and a standard of living adequate for their physical, mental, spiritual, moral and social development⁶⁶⁶ are realised. According to the CRC, States are required to “take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.”⁶⁶⁷ Effective social protection measures are also essential to achieving SDG 1 (to eradicate extreme poverty) for all people everywhere by 2030, and to reduce at least by half, the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

663 UNICEF distinguishes between the two as follows: “[p]overty reflects current assets or capabilities, while vulnerability is a more dynamic concept concerned with the factors that determine potential future poverty status. Vulnerability considers both an individual’s current capabilities and the external factors that he/she faces, and how likely it is that this combination will lead to changes in his/her status.”

664 UNICEF. 2012. *Social Protection Strategic Framework*. p. 24.

665 CRC. Article 26.

666 CRC. Article 27.

667 CRC. Article 27(2).

To achieve this, SDG 1.3 requires the implementation of “nationally appropriate social protection systems and measures for all, including [social protection] floors.” A social protection floor consists of two main elements: essential services (ensuring access to WASH, health, education and social welfare services); and social transfers (a basic set of essential social transfers in cash or in-kind, paid to the poor and vulnerable).⁶⁶⁸

Key social protection-related SDGs

| SDGs | Targets | Indicators |
|------|---|--|
| 1.1 | By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.90 a day | By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.90 a day |
| 1.2 | By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions | Proportion of population living below the national poverty line, by sex and age Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions |
| 1.3 | Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable | Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable |
| 1.4 | By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance | Proportion of population living in households with access to basic services Proportion of total adult population with secure tenure rights to land, with legally recognized documentation and who perceive their rights to land as secure, by sex and by type of tenure |

Under UNICEF’s Social Protection Strategic Framework, to achieve social protection, it is necessary to develop an integrated and functional social protection system. This means developing structures and mechanisms to coordinate interventions and policies to effectively address multiple economic and social vulnerabilities across a range of sectors (education, health, nutrition, water and sanitation, and child protection).⁶⁶⁹

668 ILO and WHO. 2009. ‘The Social Protection Floor: A joint crisis initiative of the UN Chief Executive Board for Coordination on the Social Protection Floor’, available at: <http://www.un.org/ga/second/64/socialprotection.pdf>

669 UNICEF, Social Protection Strategic Framework. Op. cit. p. 31.

7.1. Profile of child and family poverty and hardship

Until recently, poverty was not considered a serious issue in PICTs, and “images of hunger and destitution and of absolute poverty frequently seen in other parts of the developing world have been largely absent in the Pacific.”⁶⁷⁰ However, the changing state of human development in the region has seen rising levels of poverty, hardship and vulnerability, and growing acceptance of the presence of poverty and hardship.⁶⁷¹

Poverty is a contextual and relative concept, and there are many ways in which people can be poor and suffer hardship. Neither is it necessarily fixed: persons and families may move in and out of poverty at different points, depending on a wide variety of factors. In the context of the Pacific, the Asian Development Bank has developed the following broad definition of poverty and hardship, following a participatory assessment of hardship carried out with community members in 150 villages and urban settings in several PICTs:

Pacific Definition of Poverty and Hardship

An inadequate level of sustainable human development manifest by:

- A lack of access to basic services (e.g., education, health, transport and communications).
- A lack of opportunities to participate fully in the socio-economic life of the community (e.g., employment, other economic activity).
- A lack of adequate resources (including cash) to meet basic household needs and/or customary obligations to the extended family, village community and/or church.⁶⁷²

Despite this broad concept of poverty and hardship, the incidence of poverty is typically measured in two ways the food poverty line and basic needs poverty line. The food poverty line indicates the income required to meet the minimum dietary intake for a person and/or their families; households and individuals living below the food poverty line are considered the poorest and most destitute. The basic needs poverty line represents the income required to meet food and other needs to maintain a basic standard of living.

While an international poverty line is used in SGD 1.1 (US\$1.90 a day), the available analyses tend to use national food and basic needs poverty lines to establish the incidence of poverty in PICTs; these measurements relate to SGD 1.2.

In several PICTs, multi-dimensional poverty assessments have also been carried out. These recognize that poverty is multi-faceted, broader than deprivation of income, and characterized by a range of deprivations (education, work, housing, communications and access to information and income).

670 David Abbott and Steve Pollard. Op. cit. p. ix.

671 Ibid.

672 Ibid. p 4.

It would be helpful to carry out multi-dimensional child poverty assessments in all PICTs, as they give a more holistic and comprehensive picture of poverty and deprivation.

7.1.1. Incidence of poverty and hardship

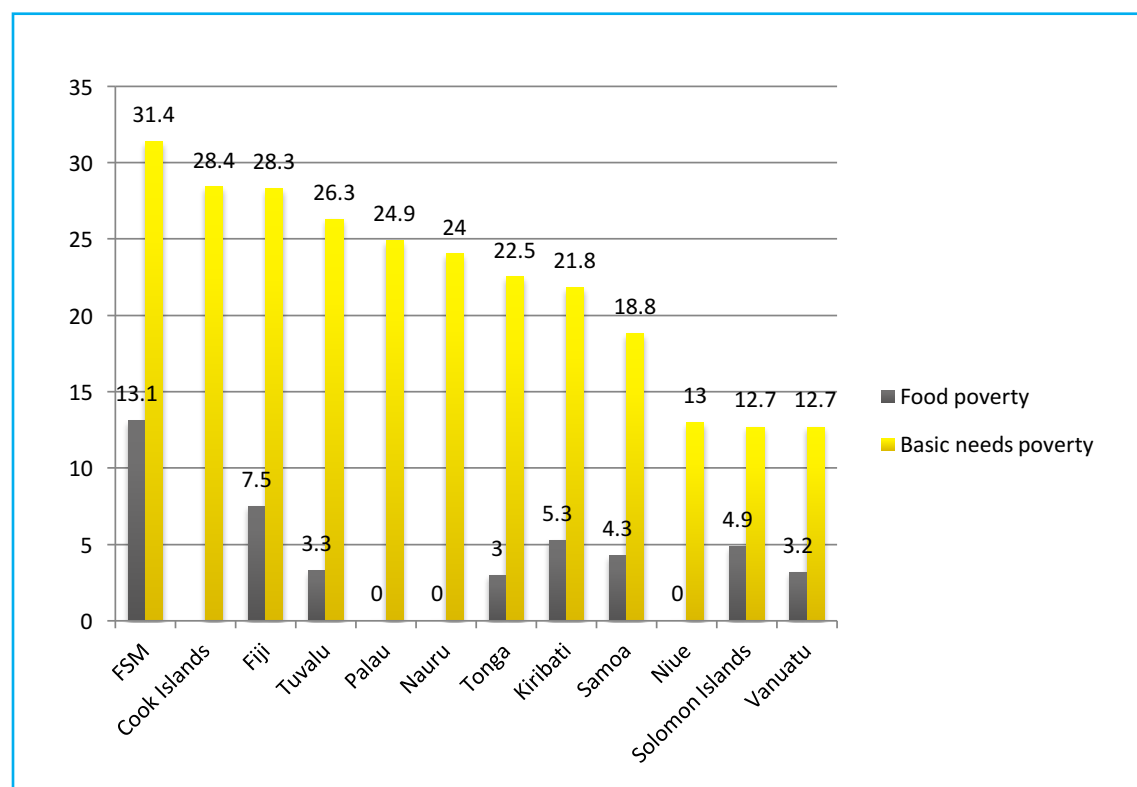
The incidence of poverty in the PICTs has been calculated based on each country's HIES. However, some countries have not carried out a recent HIES (see Table 7.1), which is a significant gap. Neither has data been collected in a uniform way in all PICTs (i.e. according to a uniform time schedule), which limits comparability of data across countries.

Table 7.1: Most HIES (with those carried out more than 10 years highlighted)

| | |
|-----------------|---|
| Cook Islands | 2005/6 |
| FSM | 2013/14 (2005) ^{xxxI} |
| Fiji | 2013/14 |
| Kiribati | 2006 |
| Nauru | 2012/13 |
| Niue | 2002 |
| Palau | 2013/14 ^{xxxII} |
| RMI | 2002 |
| Samoa | 2013/14 |
| Solomon Islands | 2012/13 |
| Tokelau | 2015/16 (unpublished) ^{xxxIII} |
| Tonga | 2009 |
| Tuvalu | 2010 |
| Vanuatu | 2010 |

Based on each country's most recent HIES, the incidence of food poverty is relatively low, and under 10 per cent of the population in every country except FSM (see Figure 7.1). However, the incidence of basic needs poverty varies considerably, with high rates (above 25 per cent) in FSM, the Cook Islands, Fiji and Tuvalu, and relatively low rates in Niue, Solomon Islands and Vanuatu (all around 13 per cent).

Figure 7.1: Proportion of the population living under the food poverty and basic needs poverty lines, according to most recent HIES



Source: HIES. Note that there was no data on the proportion of the population living below the food poverty line in the Cook Islands. There was no data on Tokelau, as the HIES has not yet been published, or on RMI as there is no recent HIES or national poverty line.

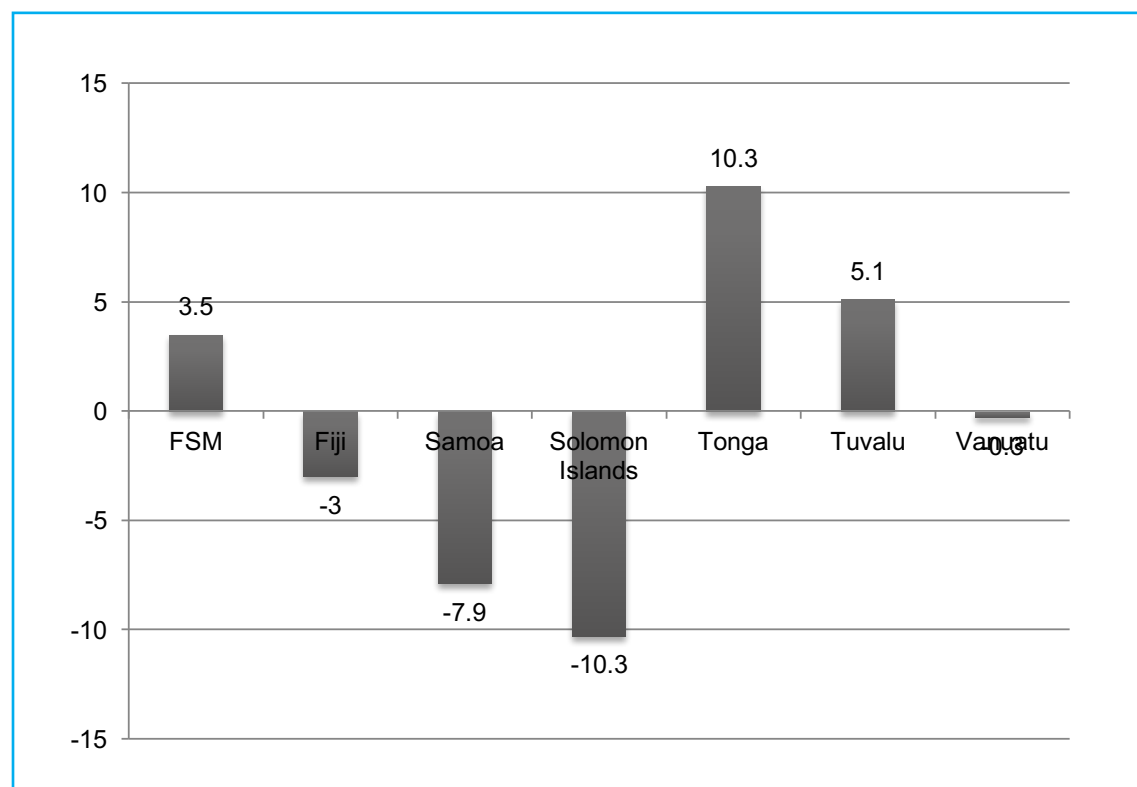
This indicates that poverty in PICTs is generally associated with difficulties in meeting basic needs, rather than absolute poverty or lack of food.⁶⁷³

Vulnerability to poverty is also an issue. Data indicates that a significant proportion of the population are highly vulnerable to falling into poverty. For example, if the basic needs poverty line were to rise by 20 per cent, a further 21.1 per cent, 10.2 per cent and 7.9 per cent of the population would fall into poverty in Kiribati, Samoa and Nauru, respectively, according to the latest HIES data. This leaves a significant population vulnerable to slipping into poverty when faced by shocks, such as unemployment, natural disasters or fluctuations in food and fuel prices.

The direction and rate of change in the proportion of the population living in poverty also varies. While data is not available for every PIC (e.g., two HIES have not been carried out in every PIC), available data indicates that poverty decreased in: Solomon Islands (by 10.3 per cent, from 2005/2006 to 2012/2013); and Samoa (by 7.9 per cent from 2008 to 2013/2014); and minimally in Fiji (3 per cent from 2008/2009 to 2013/2014); and Vanuatu (0.3 per cent from 2006 to 2010).

However, it increased in Tonga (by 10.3 per cent from 2001 to 2009), Tuvalu (by 5.1 per cent from 2001 to 2009) and FSM (by 3.5 per cent from 1998 to 2005) (see Figure 7.2).

Figure 7.2: Change in basic needs poverty rates between most recent two HIES



Source: HIES: FSM (1998; 2005); Fiji (2008/9; 2013/14); Samoa (2008; 2013/14); Solomon Islands (2005/6; 2012/13); Tonga (2001; 2009); Tuvalu (2004/5; 2010); Vanuatu (2006; 2010).

The rise in poverty levels in some countries, and the slow rate of decrease in others, indicates that many PICTs will struggle to meet SGD 1.2 (a reduction by half of the population living in poverty by 2030 according to national definitions).

7.1.2. Children in poverty

Available indicates that children – especially younger children – are particularly at risk of living in poverty. For example, in Tonga and Tuvalu, according to the most recent HIES, 29 per cent and 26 per cent of children aged 0 to 14 years were found to be living below the basic needs poverty line, compared to 22.5 per cent and 26.3 per cent of the total population, respectively. However, in some PICTs, children have been found less likely to be living in poverty. In Kiribati, for example, 21.8 per cent of the population were living below the basic needs poverty line (2006), compared to 25 per cent of the total population.

Nonetheless, the impacts of poverty are more significant for children, and there is growing evidence that they experience poverty more acutely than adults. The negative impacts of poverty on children's development can have profound and irreversible effects into adulthood. It is suggested that, even in households with an income above the basic needs poverty line (e.g., Kiribati), the available cash may not necessarily benefit women and children, but instead be utilised by men in the household, leaving women and children to struggle.⁶⁷⁴ The real incidence and impact of poverty and hardship on children may therefore be underestimated in some contexts.

7.1.3. Persons most at risk of poverty

The rates of food and basic needs poverty vary widely, not only across PICTs, but also within each country, according to geographic location and personal and household circumstances. While recent data are available to allow examination of the association of poverty with location and personal identity and other characteristics (gender, household size, education level, employment type), they are not available for all PICTs. This represents a serious shortcoming and limits the ability of governments to understand the dimensions of poverty, and to effectively design and target programmes and resources to address them.

Location

In many PICTs, poverty rates are higher in rural locations, particularly on outlying islands:⁶⁷⁵ a trend compounded by lack of access to basic services, including health and education⁶⁷⁶ (see below).

Examples of rural and urban poverty disparities according to HIES and DHS data

- In **Fiji**, 36.7 per cent of the rural population were found to be living in poverty, compared to 19.8 per cent in urban areas.⁶⁷⁷ Multi-dimensional poverty was found to be significantly higher in rural than urban areas (48 per cent, compared to 15 per cent).⁶⁷⁸
- In **Palau**, according to the 2006 HIES, 28.9 per cent of the rural population were living under the basic needs poverty line, compared to 26.2 per cent in urban areas.⁶⁷⁹ According to the 2014 Survey, the average annual income was 30 per cent higher in urban than rural areas.⁶⁸⁰

674 Asian Development Bank. 2009. in AusAID, *Pacific social protection series: poverty, vulnerability and social protection: Kiribati case study* (2012), p. 23.

675 *State of Human Development in the Pacific. Op. cit.* p. 20.

676 AusAID, *Poverty, vulnerability and social protection in the Pacific: The role of social transfers* (2012).

677 Fiji Household Income and Expenditure Survey 2013-14.

678 UNICEF and Ministry for Women, Children and Poverty Alleviation, *Child-sensitive social protection in Fiji. Op. cit.* p. 33.

679 Palau Office of Planning and Statistics and UNDP Pacific Office, *Analysis of the 2006 Household Income and Expenditure Survey: Final report on the estimation of basic needs poverty lines, and the incidence and characteristics* (2008), p. 30.

680 Republic of Palau Office of Planning and Statistics Bureau of Budget and Planning, Ministry of Finance, *2014 Household Income and Expenditure Survey* (2014), p. 69.

- In **RMI**, according to calculations based on DHS data (2007), 9 out of 10 rural inhabitants were in the bottom two wealth quintiles.⁶⁸¹
- In **Solomon Islands**, urban households earned six times more than rural households in terms of annual cash payments and salaries. Rural areas are characterized by subsistence farming, and hardship is evident in a lack of electricity, inadequate access to basic services, including schools and health clinics, and lack of infrastructure and market resources.⁶⁸²
- In **Samoa**, 43.6 per cent of households in the highest wealth quintile were in urban areas, compared to 14.3 per cent in rural areas.⁶⁸³
- In **Tuvalu**, based on the 2010 HIES, the likelihood of a household being poor is over 30 per cent higher in the Outer Islands than in Funafuti.⁶⁸⁴

According to a recent UNESCAP report, “the greater concentration of economic activity in urban areas, as well as the greater provision of public services” contribute to increased poverty in rural areas.⁶⁸⁵ Also, food security issues and limited livelihood opportunities on small outlying islands are associated with higher rates of poverty and deprivation in some PICTs.⁶⁸⁶

However, there are exceptions to this trend. For example, in the Cook Islands, the 2005/2006 basic needs poverty rate was 30.5 per cent in Raratonga, compared to 23.6 per cent in the Southern Cook Islands and 7.6 per cent in the Northern Islands.⁶⁸⁷ This was attributed to high living costs in urban areas and the strength of subsistence agriculture and traditional support systems on Outer Islands.⁶⁸⁸

Even where HIES data indicates higher levels of poverty in urban contexts, multi-dimensional poverty assessments, which measure a range of deprivations in addition to income poverty, have consistently found higher rates of poverty in rural and remote areas. For example, an assessment carried out in Kiribati found that 89.1 per cent of children in the ‘Rest of Gilberts’ (rural) were severely deprived of one basic need, and 62.3 per cent were severely deprived of two. This contrasts with urban South Tarawa (67.9 per cent and 31.7 per cent, respectively).⁶⁸⁹ In Vanuatu, while a higher proportion of the population was found to be living under the basic needs poverty line in urban centres (Port Villa and Luganville) according to the most recent HIES, based on a multi-dimensional assessment of child poverty (2012), child poverty rates were much higher

681 Calculated based on household assets, dwelling and other characteristics from 2007 DHS data, extracted from UNICEF, *Atlas of social indicators: Republic of Marshall Islands* (2011), p. 24.

682 Asian Development Bank, Solomon Islands: Updating and improving the social protection index (2012), available at <https://www.adb.org/sites/default/files/project-document/76080/44152-012-reg-tacr-24.pdf>, para. 19.

683 Samoa 2014 DHS.

684 World Bank Group. 2016. *Systematic country diagnostic for eight small Pacific Island Countries: Priorities for ending poverty and boosting shared responsibility*, p. 14.

685 UNESCAP, *State of Human Development in the Pacific*. Op. cit.

686 AusAID, *Pacific social protection series: poverty, vulnerability and social protection: Kiribati case study* (2012), p. 19.

687 Government of the Cook Islands. 2010. National Millennium Development Goals Report.

688 Government of the Cook Islands. 2015. Young People of the Cook Islands: Analysis of the 2011 Population and Housing Census Government of the Cook Islands.

689 UNICEF. 2014. *Child poverty and hardship in Kiribati*, p. 41.

in some rural than urban areas, particularly in more remote provinces (Torba and Tafea). This is associated with the distance of these provinces from the capital and their reliance on informal labour and home production.⁶⁹⁰

In some PICTs, rates of poverty appear to be increasing or stagnating in rural areas, even when they are decreasing nationally. For example, in Fiji, between 2002 and 2009 urban poverty dropped from 34.5 per cent to 26.2 per cent, while rural poverty stagnated at 44 per cent, according to the HIES. This has been attributed to non-agricultural sectors in urban areas (e.g., the service sector) experiencing growth, while there was no growth in the agricultural sectors.⁶⁹¹ In Tonga, while rates of basic needs poverty increased by a relatively small degree in the capital and main Island (Nuku'alofa and the Rest of Tongatapu) from 18 per cent to 21.4 per cent in 2001, and 18.8 to 23.5 per cent in 2009, respectively, the rates of basic needs poverty almost doubled in the Outer Islands, from 11.8 per cent in 2001 to 22.9 per cent in 2009. This variation in the changing rates of poverty across Tonga is “indicative of an exclusive, often skewed, level of economic growth, which can exacerbate social and political forms of exclusion.” Indeed, rural poverty, particularly in more remote Outer Islands, appears to be more structural and persistent, owing to a lack of economic opportunities and lack of access to services and infrastructure.⁶⁹² Those living on Outer Islands find it difficult to move out of poverty, and are vulnerable to falling back into poverty.⁶⁹³

While poverty is associated with living in rural locations, it should be noted that national poverty rates likely mask significant pockets of deprivation in urban areas. In urban areas, high unemployment, large household sizes and the inability to rely on subsistence farming drives many households into poverty. Urban poverty is particularly pronounced among persons living in informal ‘squatter settlements’ in towns throughout the Pacific. Many PICTs have experienced an ‘urban drift’ of populations from rural areas to urban centres, particularly involving young men, leading to high levels of unemployment and growing numbers living in poor quality housing conditions and squatter-type settlements.

The limited data on the incidence of poverty in informal settlements (the HIES do not generally contain enough households from squatter settlements to reliably estimate poverty there) indicates that poverty incidence is high in these settlements. In Fiji, for example, the World Bank estimated in 2011 that the poverty rates in squatter settlements were higher than in rural areas. For example, in the Northern area, the estimated poverty rate in squatter settlements was 55 per cent and 53 per cent in rural areas. Other studies have made similar findings, with one suggesting that between 60 per cent and 80 per cent of households were below the poverty line.⁶⁹⁴ A 2006 survey by the Department of Housing found that 80 per cent of residents in squatter settlements could not afford three meals a day.⁶⁹⁵

690 UNICEF and Government of Vanuatu. 2012 *Vanuatu Child Poverty and Disparities Report*.

691 *State of Human Development in the Pacific*. Op. cit. p. 20.

692 World Bank. 2016. *Systematic country diagnosis: Kiribati, Republic of Marshall Islands, Federated States of Micronesia, Palau, Independent State of Samoa, Kingdom of Tonga, Tuvalu and Republic of Vanuatu*, p. 12.

693 Ibid.

694 Barr. 2007. in UNICEF and Ministry for Women, Children and Poverty Alleviation, *Child-sensitive social protection in Fiji*. Op. cit. p. 21.

695 Ibid. p. 21.

Gender

Poverty is generally associated with gender in PICTs, with female-headed households often disproportionately represented among the lowest income and expenditure deciles, although this association is usually quite subtle (see below).

Examples of gender poverty disparities according to HIES data

- The 2013/2014 **FSM** HIES found that households headed by men earned on average 9 per cent more than female-headed households.⁶⁹⁶
- The 2006 **Kiribati HIES** found that, while only one in five households was female headed, around one in four households in the lowest quintile was female-headed in South Tarawa and the Rural Gilberts.⁶⁹⁷
- The 2012/2013 **Nauru** HIES found that 17.7 per cent of female-headed households were below the basic needs poverty line and 7.5 per cent were highly vulnerable to poverty, compared to 16.3 per cent and 5.5 per cent of male-headed households, respectively.⁶⁹⁸
- The 2006 **Palau** HIES found that households headed by men earned on average 23 per cent more than female-headed households, and that around 9 per cent of males and 18 per cent of females earned less than US\$ 5,000 a year.⁶⁹⁹
- In **Solomon Islands**, 41 per cent of children living in female-headed households in rural areas were living in the lowest three expenditure deciles, according to the United National Development Programme (UNDP) analysis of the 2005/2006 Survey, compared to 33.6 per cent overall.⁷⁰⁰
- The 2013/2014 **Samoa HIES** found that female-headed households were disproportionately represented in the lowest three income deciles, and male-headed households were disproportionately represented in the highest three income deciles.⁷⁰¹

It has been noted that women in many PICTs do not enjoy the same level of access to the formal job market as men, and this may contribute to their higher levels of poverty and exclusion. It has also been noted that women are more vulnerable as PICTs move to cash-based economies, because they predominantly perform family and community work, where there is no cash income.⁷⁰²

696 Office of Statistics, Budget and Economic Management. 2014. Household Income and Expenditure Survey 2013/14 Main Analysis Report.

697 AusAID. 2012. *Pacific social protection series: poverty, vulnerability and social protection: Kiribati case study*, p. 21.

698 Government of Nauru National Statistics Office and UNDP Pacific Officer, *Nauru Hardship and Poverty Report: Analysis of the 2012/13 Household Income and Expenditure Survey*, p. 41.

699 UNDP, *State of Human Development in the Pacific*. Op. cit. p. 65.

700 UNDP. 2008. *Solomon Islands: Analysis of the 2005/6 Household Income and Expenditure Survey*, para, 110.

701 UNDP. 2016. *Samoa hardship and poverty report: analysis of the 2013/14 Household Income and Expenditure Survey*, p. 62.

702 AusAID, *Pacific social protection series: poverty, vulnerability and social protection in the Pacific – Samoa country case study* (2012).

In some PICTs, the data has not demonstrated any association between gender and poverty. However, it should be noted that “other manifestations of hardship in terms of female employment, education and opportunity need to be taken into account”⁷⁰³ in assessing vulnerability to poverty. Women in PICTs generally do not have equal access to formal employment opportunities. Also, women in some PICTs, such as Tuvalu and Tonga, are rarely able to own land independently.⁷⁰⁴

Household size

Children living in larger households have also been found to be more vulnerable to poverty in some PICTs. In Fiji, for example, World Bank data shows that households with three or more children are more likely to be living in poverty.⁷⁰⁵ Data from Vanuatu has also demonstrated that households containing more than three dependents are more likely to be living in poverty.⁷⁰⁶

Educational level

According to survey data, there is a strong correlation between poverty and vulnerability and level of education in the PICTs. Households with heads with no or only primary level education have been found more likely to be living below the poverty line, or disproportionately represented in the bottom wealth quintiles (see below).

Association between poverty and low educational attainment according to HIES data

- In **Kiribati**, among the lowest three deciles, 57.8 per cent of the population had only primary education. Those who had completed secondary school or higher accounted for only 22 per cent of those in the lowest three deciles.⁷⁰⁷
- In **Fiji**, only 3.4 per cent of the population living in poverty has obtained post-secondary qualifications. Households with heads with secondary education on average consume more than households whose heads completed less than secondary education.
- In **Vanuatu**, households with no or only primary level education have been found to be more likely to be living below the poverty line, particularly in urban areas.
- In **Solomon Islands**, 48.5 per cent of households in the top three deciles in urban areas had achieved a level of post-primary education, compared to only 14.6 per cent in the poorest three deciles. In rural areas, the poorest households were found to be only half as likely to have gone beyond primary school compared with the average for all households.⁷⁰⁸

703 UNESCAP, *State of Human Development in the Pacific*. Op. cit. p. 86.

704 World Bank Group, *Systematic country diagnostic for eight small Pacific Island Countries*. Op. cit. p. 22; SPC in UNESCAP, *State of Human Development in the Pacific*. Op. cit. p. 82.

705 World Bank. 2014. *Hardship and Vulnerability in the Pacific Island Countries*.

706 UNICEF and Government of Vanuatu. 2012. *Vanuatu Child Poverty and Disparities Report*; UNDP. 2010. *Vanuatu Hardship and Poverty Report*, para. 125.

707 Kiribati National Statistics Office and UNDP Pacific. 2010. *Analysis of the 2006 Household Income and Expenditure Survey: A report on the estimation of basic needs poverty lines, and the incidence and characteristics of poverty in Kiribati*.

708 UNDP. 2008. *Solomon Islands: Analysis of the 2005/6 Household Income and Expenditure Survey*, para. 122.

- In **Tuvalu**, households headed by less educated persons (with primary level education or below) were 11 per cent more likely to be living in poverty, according to the 2010 HIES.
- In **Nauru**, the incidence of basic needs poverty in 2012/2013 was significantly higher among people with low levels of education. Of those aged 15 and above, 47 per cent were living under the basic needs poverty line, compared to only 9 per cent with tertiary education.⁷⁰⁹
- In **Palau**, according to the 2006 HIES, household heads with low educational attainment were disproportionately represented in the bottom wealth quintiles: while 6.4 per cent and 9.5 per cent of household heads reported having either no education or reaching a maximum of primary level, respectively, in the lowest three deciles the proportions were 7.8 per cent and 15.5 per cent.⁷¹⁰
- In **FSM**, according to the 2005 HIES, while 7.2 per cent of household heads had no schooling, they accounted for 11.6 per cent of households in the bottom three deciles, and only 4 per cent in the highest three deciles.⁷¹¹ Household heads with elementary level education accounted for 35.8 per cent of all households, but 46.6 per cent in the poorest three deciles.⁷¹²

Economic activity

Perhaps unsurprisingly, poverty rates are also significantly higher among households with unemployed members and those working in the informal sector (see below).

- In the **Cook Islands**, households with unemployed heads reported around a third less expenditure than households with working heads.⁷¹³
- In **FSM**, according to the 2005 HIES, households with no member in employment were disproportionately represented in the lower income deciles: while nationally, 18.4 per cent of all households had no member in employment, they accounted for 22.1 per cent in the bottom three deciles.⁷¹⁴
- In **Kiribati**, according to the 2006 HIES, 18.6 per cent of all households had no member in employment and 5.7 per cent had only one employed member; however, these

709 Government of Nauru National Statistics Office and UNDP Pacific Officer. Op. cit. p. 41.

710 Palau Office of Planning and Statistics and UNDP Pacific Office, *Analysis of the 2006 Household Income and Expenditure Survey*. Op. cit. p. 33.

711 Government of FSM and UNDP Pacific Office. 2008. Federated States of Micronesia: Analysis of the 2005 Household Income and Expenditure Survey, p 32.

712 Ibid.

713 \$43,160 (households with employed heads) compared to \$27,310 (households with unemployed heads): Cook Islands Household Income and Expenditure Survey, p. 30.

714 Government of FSM and UNDP Pacific Office, Federated States of Micronesia. Op. cit. p. 32.

households represented 38 per cent and 13.5 per cent of those in the bottom three deciles, respectively.⁷¹⁵

- In **Nauru**, it was found in 2012/2013 that poor households only had a share of 19 per cent and 11 per cent of employment and income, respectively, compared to the non-poor or vulnerable, which received 40 per cent and 60 per cent of wages and property income, respectively.⁷¹⁶
- In **Palau**, according to the 2006 HIES, in the lowest quintile, only 50.3 per cent of heads of households were receiving wages and salaries and 39 per cent were recorded as unemployed. In the highest quintile, employment is the primary activity of 71.6 per cent of all household heads.⁷¹⁷
- In **Samoa**, 50 per cent of individuals below the basic needs poverty line and 31 per cent of the extremely vulnerable live in North-West Upolu and work primarily in subsistence agriculture.⁷¹⁸
- In **Solomon Islands**, households with unemployed heads were found to be more likely to be in the bottom three deciles nationally than those with employed household heads (23.7 per cent compared to 10.8 per cent).⁷¹⁹

However, it should be noted that access to formal employment is not a guarantee against poverty in PICTs, and survey data consistently illustrates the presence of significant populations of 'working poor'. For example, in Kiribati, according to the 2006 HIES, a quarter of households in the poorest three deciles were headed by someone who was employed; these were typically larger households with many children or older people.⁷²⁰ In Samoa, according to a recent UNDP report, a significant proportion of the population can be classed as 'working poor': typically engaged in small private enterprise businesses with low hourly pay rates, and insufficient income to meet the needs of their family.⁷²¹ In Fiji, 20 per cent of children were found to be living in poverty according to the most recent HIES, despite living in households where the head is in 'gainful' employment,⁷²² suggesting that access to the formal labour market may not be enough, alone, to combat poverty.

715 Kiribati National Statistics Office and UNDP Pacific. *Op. cit.* p. 37.

716 Government of Nauru National Statistics Office and UNDP Pacific Officer *Op. cit.* p. 42.

717 Palau Office of Planning and Statistics and UNDP Pacific Office, *Analysis of the 2006 Household Income and Expenditure Survey. Op. cit.*

718 UNDP, *Samoa hardship and poverty report. Op. cit.* p. 66.

719 UNDP, *Solomon Islands: Analysis of the 2005/6 Household Income and Expenditure Survey. Op. cit.* para. 110.

720 AusAID, *Pacific social protection series: poverty, vulnerability and social protection in the Pacific – Kiribati country case study. Op. cit.*

721 UNDP, *State of Human Development in the Pacific. Op. cit.* p. 32.

722 UNICEF and Ministry for Women, Children and Poverty Alleviation, *Child-sensitive social protection in Fiji. Op. cit.* p. 25.

Disability

While there is no data available to test the association of disability with poverty (disability is not included as a category in household surveys, exception in Vanuatu - see below), persons with a disability are very likely to be vulnerable to poverty, given the lack of educational and other opportunities accessible to them. Disability has also been recognized by Pacific Islanders as one of the primary causes of poverty and vulnerability.⁷²³

Vulnerability and exclusion of children with disabilities in Fiji and Vanuatu

In **Vanuatu**, research primarily using Census data (2009) and DHS data (2013), found that people with disabilities are over-represented among the poorest wealth quintile. Over 30 percent of people with severe disabilities and nearly 30 per cent with mild or moderate disabilities are in the poorest wealth quintile, compared to just over 15 per cent of the population with no disability (due to the small number of children who identified as having a disability in the surveys, it was not possible to establish a meaningful association with poverty).⁷²⁴

According to a 2010 survey by the **Fiji** National Council for Disabled Persons, there were around 3,000 children with disabilities, many of whom are “largely invisible” and disadvantaged in terms of access to education, health services, employment, livelihood opportunities and support services. The report found that children with disabilities faced particular hardship and discrimination and stigmatisation, and that “girls with disabilities are far less likely to attend school than boys.”⁷²⁵

7.1.4. Causes of poverty

The causes of child and family poverty in the PICTs are complex, interconnected and open to fluctuation. Small island economies are characterized by distance from global markets, limited and fragile resource bases, inability to achieve economies of scale and vulnerability to changes in the global economy.⁷²⁶ The atoll States, in particular, have very small landmasses, and therefore very limited export and production bases, making them heavily reliant on exports and exposed to global price fluctuations.⁷²⁷ Outward migration and population decline among working age populations in some PICTs has also limited productivity, worsening economies of scale and reducing the tax base.⁷²⁸ This is particularly apparent among countries that have associations with larger economies, such as Australia, New Zealand and the USA (although

723 Asian Development Bank, ‘Participatory assessment of hardship’, in UNDP, State of Human Development in the Pacific. Op. cit. p. 96.

724 2014. Children, women and men with disabilities in Vanuatu, p. 38.

725 UNICEF Pacific and Fiji Ministry of Women, Children and Poverty Alleviation. 2015. ‘Child Sensitive Social Protection in Fiji,’ p.28.

726 World Bank. 2015. *Hardship and vulnerability in Pacific Island Countries*, p. 14.

727 Ibid.

728 UNFPA. No date. Niue demographics, available at: <http://countryoffice.unfpa.org/filemanager/files/pacific/cp13.pdf>

these arrangements allow remittances to be sent back, creating a support system for families in hardship).

PICTs are also highly exposed to natural disasters, which cause economic shocks. In addition, as countries that rely heavily on marine resources to generate livelihoods, the impacts of climate change are significant.

A limited economic base and exposure to economic shocks have led to a poverty of opportunity in PICTs. Across the Pacific, economies are not able to generate sufficient jobs for the number of job-seekers. The large number of young people with inadequate skills also contributes to youth unemployment.⁷²⁹

Rates of unemployment tend to be high in most PICTs, particularly among young people. It is worth noting that (youth) unemployment rates may not capture the 'true' extent of unemployment. These rates do not tend to include persons of working age who perform subsistence activities but would prefer wage-labour, making unemployment rates seem lower than reality.⁷³⁰

Youth employment is also informal and precarious, resulting in insecure livelihoods. Across the PICTs, "few young people find employment in the formal sector, and most Pacific youth work in the informal economy, such as subsistence production and other cash earning activities": jobs that are often linked with "lower wages, poor working conditions and limited career prospects."⁷³¹ The lack of opportunities for youth perpetuates a cycle of socio-economic vulnerability, and is believed to be associated with high-risk behaviour, such as substance abuse, teenage pregnancy, crime and violence, in some PICTs.⁷³²

(Young) women particularly appear to lack access to the formal labour market. In many PICTs, the labour force participation rate is lower for women than for men. For example, in Fiji, women's participation was 41.6 per cent in 2014, compared to the national labour force rate of 59 per cent and the male rate of 75.8 per cent.⁷³³ In FSM, the labour force participation rate, according to the latest census data (2010), was 66.1 per cent for males and 48.4 per cent for females.⁷³⁴ According to census data from RMI, the labour force participation rate of women in 2011 was 22 per cent, compared to 39.3 per cent for men. In Samoa, according to ILO figures (2012), young women's labour force participation was 32 per cent, compared to 53.5 per cent for young men.⁷³⁵

729 AusAID, *Poverty, vulnerability and social protection in the Pacific: The role of social transfers*. Op. cit. p. 4.

730 UNESCAP. No date. *Income support schemes in Pacific Island Countries: A brief overview*, p. 14.

731 ILO. 2013. *Youth employment brief: Pacific Island Countries*, available at: http://www.youthmetro.org/uploads/4/7/6/5/47654969/youth_employment_policy_brief_pacific_islands_countries.pdf

732 AusAID. 2012. *Pacific social protection series: poverty, vulnerability and social protection in the Pacific – Samoa country case study*.

733 ILO. 2016. Fiji Labour Market Update. April 2016. Available at: http://www.ilo.org/wcmsp5/groups/public/—asia/—ro-bangkok/—ilo-suva/documents/publication/wcms_465248.pdf [30.06.17].

734 Government of FSM. 2010. Office of Statistics, Budget, Overseas Development Assistance and Compact, Summary analysis of key indicators from the FSM 2010 Census of Population and Housing.

735 ILO, *Youth employment brief*. Op. cit.

In addition, (young) women commonly find work in low paid sectors of the informal economy: opportunities characterised by lack of access to entitlements such as social insurance.⁷³⁶ In Kiribati, for instance, while the labour force participation rate for young women compares favourably to that for young men (52.5 per cent of women and 52.9 per cent of men aged 15 to 24 in 2005⁷³⁷), they have less access to paid employment. According to data from 2005, women only made up 38 per cent of the *paid* workforce. According to the 2012/2013 Nauru HIES, around 46 per cent and 23 per cent of men (aged 15 to 59) were employed in the formal government and private labour force, respectively, compared to only 30 per cent and 12 per cent of women.⁷³⁸

Women's lack of participation in the labour market has been linked to a lack of employable skills, and socio-cultural norms that relegate them to domestic work and cause them to bear the burden of domestic duties.⁷³⁹ It has also been linked to "traditional ideas about the roles of women, historic limitations on women's participation in education, lack of control by women over land and other productive resources, and difficulties women face in accessing credit."⁷⁴⁰

7.2. Bottlenecks and barriers to ensuring an effective social protection system

Social protection encompasses many different types of systems and programmes, including: social insurance programmes (contributory schemes to provide security against risk, such as unemployment, illness, disability); social assistance programmes (non-contributory measures such as regular cash transfers targeting vulnerable groups, such as persons living in poverty, persons with disabilities, the elderly and children); and social care services (child protection prevention and response services). There has been a growing recent acceptance that social security, in particular, the provision of regular cash transfers to families living in and vulnerable to poverty, should be a key component of social protection systems.⁷⁴¹ Cash transfers provide households with additional income that enables them to invest in children's wellbeing and human development.⁷⁴²

The comprehensiveness and impact of social protection systems across the Pacific vary considerably. The Asian Development Bank's Social Protection Indicator (formerly Index) assesses social protection systems against several indicators to generate a ratio, expressed as a percentage of GDP per capita. The average Social Protection Indicator for the Pacific (including PNG and Timor-

736 Ibid.

737 ILO, *Youth employment brief*. Op. cit.

738 Government of Nauru National Statistics Office and UNDP Pacific Officer. Op. cit. p. 44.

739 ILO, *Youth employment brief*. Op. cit.

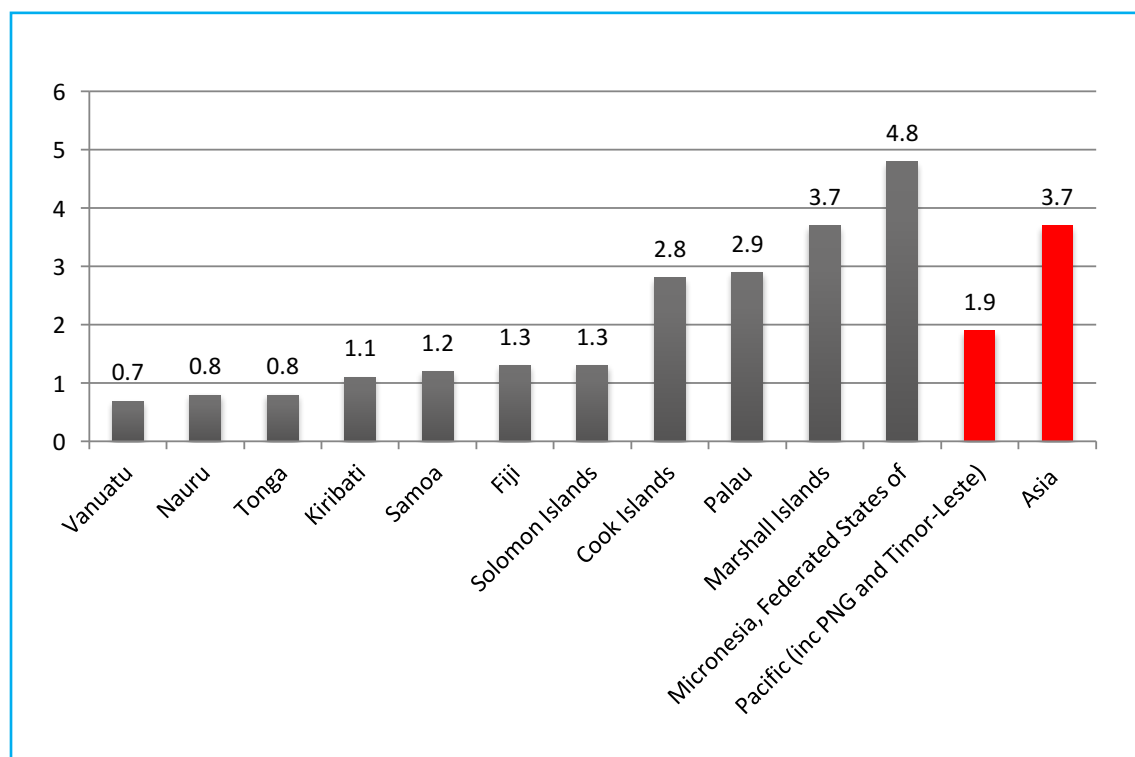
740 Pacific Forum Secretariat, *Gender profile: Federated States of Micronesia*, available at: http://www.forumsec.org/resources/uploads/attachments/documents/FSM_Gender_Profile.pdf.

741 UNICEF and Fiji Ministry of Women, Children and Poverty Alleviation. Op. cit. p. 6.

742 UNICEF. 2012. *Social Protection Strategic Framework*. Op. cit.

Leste) was 1.9 in 2016; much lower than the social protection indicator average for Asia of 3.7.⁷⁴³ The score varied considerably, from 0.7 (Vanuatu) to 4.8 (FSM) (see Figure 7.3).

Figure 7.3: Social Protection Indicator by country



Source: Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016), p. 16

The type of social protection programmes available in each PIC also varies considerably. According to the Asian Development Bank Index, social protection measures can be categorised into: social insurance measures (contributory schemes that help people respond to common risks, such as old age and illness, e.g. health insurance and pensions); social assistance measures (unrequited transfers, usually to vulnerable groups, such as the poor who cannot qualify for insurance); and labour market programmes (to help people secure employment, e.g. skills development and training programmes and cash-for-work programmes).

Table 7.2 summarizes the social protection programmes available in each PIC. It shows considerable gaps in terms of the availability of social protection measures, particularly social assistance schemes targeting children, and labour market programmes aimed at helping people to enter the job market.

743 Asian Development Bank. 2016. *The social protection indicator: assessing results for the Pacific*, p. 16.

Table 7.2: Social protection measures by component and type (based on beneficiaries recorded in 2012)

| | Social insurance schemes | Social assistance schemes | Labour market schemes |
|------------------------|--|--|--|
| Cook Islands | Pension | Assistance for older people, Child welfare, Social transfers | - |
| FSM | Pension, other social insurance | Social transfers | - |
| Fiji | Pension | Child welfare, Disability assistance, Social transfers | Skills development training |
| Kiribati | - | Assistance for older people | Cash-for-work |
| Nauru | Pension, unemployment benefits, other social insurance | Assistance for older people, Disability assistance, Social transfers | - |
| Palau | Pension, health insurance | Assistance for older people, Child welfare, Disability assistance | Skills development training |
| RMI | Pension, other social insurance | Child welfare | - |
| Samoa | Pension | Health assistance, Child welfare, Disability assistance | Skills development training |
| Solomon Islands | Pension, unemployment benefits | Social transfers | Skills development training, cash-for-work |
| Tonga | Pension, health insurance | Assistance for older people, health assistance, Child welfare | - |
| Vanuatu | Pension, other social insurance | - | Skills development training |

Source: Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016), Appendix 2

The data indicates that the majority of social protection expenditure at regional level (including PNG) focuses on social insurance measures, rather than social assistance or labour market measures (see Table 7.3).

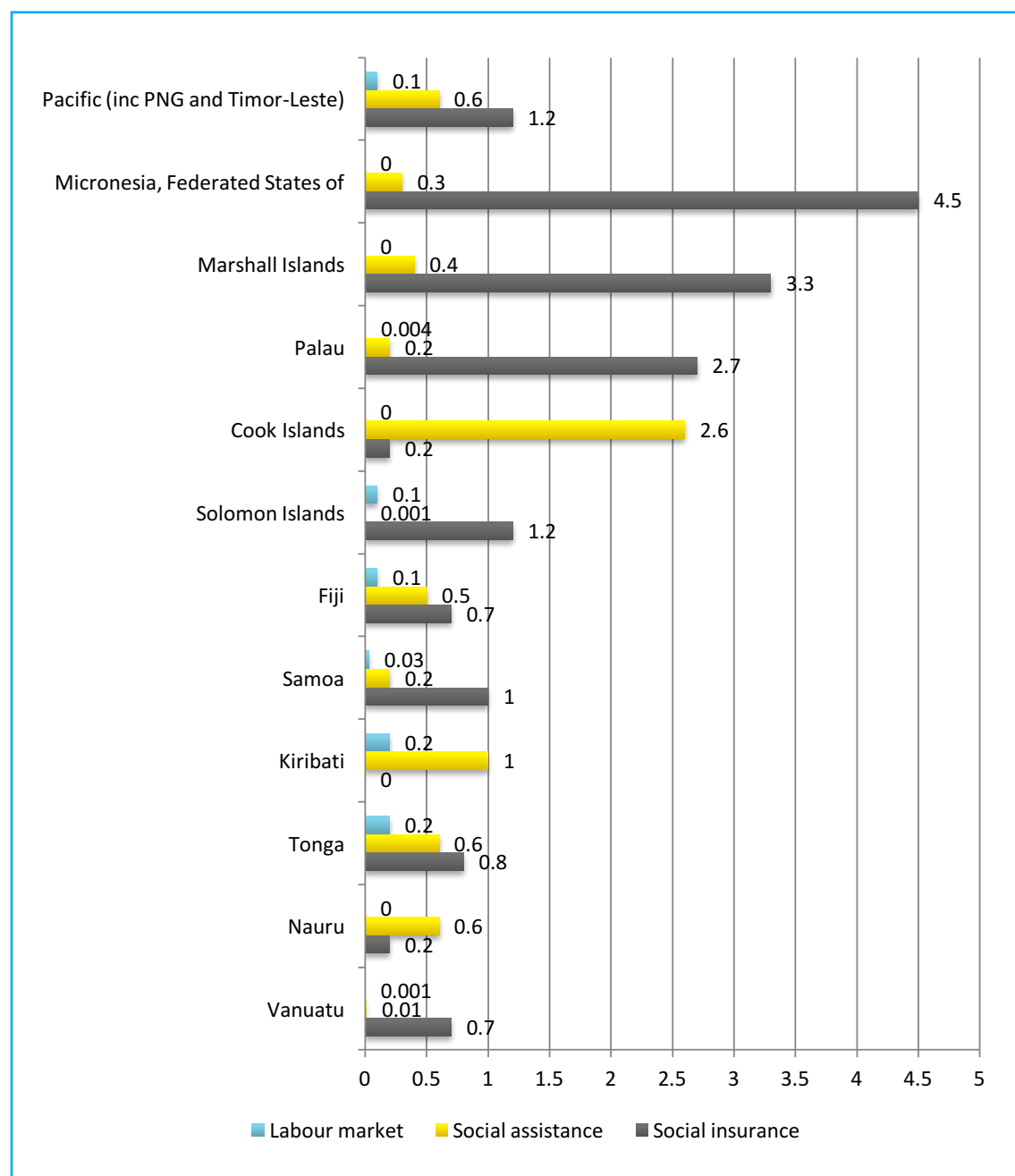
Table 7.3 : Social protection indicator by type of programme, 2012

| Programme | Social Protection Indicator (%) |
|--------------------------|---------------------------------|
| Overall | 1.9 |
| Social Assistance | 0.6 |
| Labour Market Programmes | 0.1 |
| Social Insurance | 1.2 |

Source: Data from ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 16

Social insurance programmes are contributory, and usually limited to persons in formal employment. They therefore exclude the most vulnerable, including those with no employment. Expenditure on measures that typically target more vulnerable groups (social assistance and labour market programmes) is very low. This is the case at regional level, and in all PICTs, except the Cook Islands, Kiribati and Nauru (see Figure 7.4).

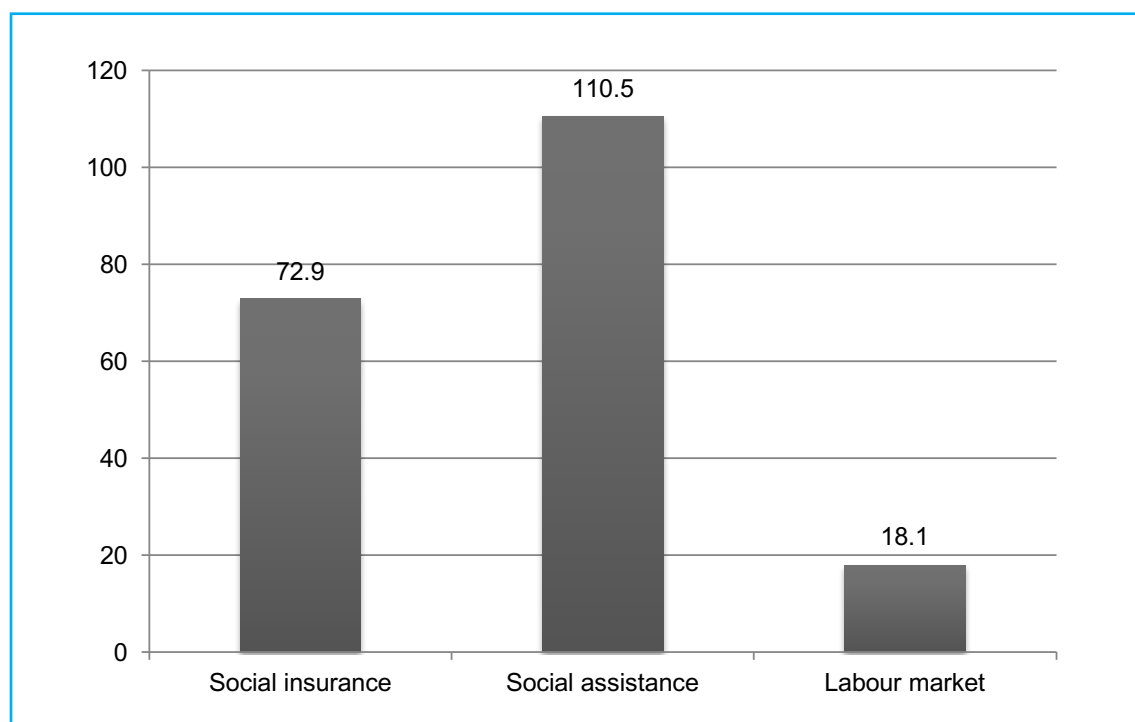
Figure 7.4: Social protection index by component and country, with Pacific average (including PNG and Timor-Leste)



Source: Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016), p. 16

According to the data, while most social protection spending is for social insurance measures, there are more beneficiaries of social assistance programmes across the PICTs (see Figure 7.5). This may further indicate that social insurance measures have limited reach.

Figure 7.5: Number of beneficiaries of social protection programmes by component (excluding PNG and Timor-Leste) (000s)



Source: Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016), Appendix 2

7.2.1. Social insurance measures: gaps, barriers and bottlenecks

A contributory social insurance scheme is available in every PIC, except Kiribati (although Kiribati has a universal non-contributory pension). In most PICTs, social insurance is provided through a National Provident Fund, which employees and employers pay into. The benefits received relate directly to the contributions made into the fund, and the interest accrued on them.

A different model exists in FSM, Palau and RMI, where social insurance schemes are based on a 'defined benefit' model and are not paid solely on the basis of member and employer contributions and the interest they generate. Benefits are instead paid to people with particular circumstances. For example, in RMI, benefits are provided to retired persons, surviving spouses and surviving children.⁷⁴⁴ A disability benefit is available to members who are unable to continue to perform their duties due to medical, physical or mental impairment.⁷⁴⁵

The biggest gap in terms of social insurance measures in PICTs is that they are restricted to formal sector workers, and thereby exclude most workers who operate in the informal economy – they do not target the poorest members of society. Contributory schemes involving formal sec-

⁷⁴⁴ Ibid. p. 25.

⁷⁴⁵ Ibid.

tor workers also tend to have a gender bias, as most formal sector workers are men.⁷⁴⁶ Women are particularly likely to be unemployed, or to be employed in non-formal sectors. This is probably linked to a lack of employable skills and socio-cultural norms that relegate women to domestic work.⁷⁴⁷ Young women commonly find work in low paid sectors in the informal economy.⁷⁴⁸ Therefore, many women lack access to social insurance.

Benefits, therefore, tend to reach a relatively small number of people, and a small proportion of households. For example, in Kiribati, fewer than 4 per cent of households received payments from the National Provident Fund, according to the 2005/2006 HIES.⁷⁴⁹ The Tuvalu social insurance pension only applies to 20 per cent of the population.⁷⁵⁰

Another challenge that applies to the defined benefit social insurance schemes in FSM, Palau and RMI is that the number of beneficiaries is increasing faster than the number of new members, causing deficits,⁷⁵¹ and calling into question the sustainability of these schemes. For example, the plan in FSM is currently only funded, through member contributions, at 16 per cent of its liabilities.⁷⁵² It therefore relies on Government funding to meet the shortfall (usually between US\$1 and US\$2 million each fiscal year).⁷⁵³ Limited economic growth is likely to cause further problems in the member-to-beneficiary ratio, exacerbating this shortfall. This has led to moves to amend the Social Security Act, to change the benefit formula, to close the gap between collections and payments, and incentivise continued employment beyond retirement age.⁷⁵⁴

7.2.2. Social assistance measures: gaps, barriers and bottlenecks

A range of social assistance measures are provided in the PICTs. However, there are significant gaps in coverage in relation to particular types of assistance (see Table 7.4).

Table 7.4: Social protection measures by type available in each PIC (based on any beneficiaries recorded in 2012)

| | Assistance for older people | Health assistance | Child welfare | Disability assistance | Social transfers |
|--------------|-----------------------------|-------------------|---------------|-----------------------|------------------|
| Cook Islands | ✓ | | ✓ | | ✓ |

⁷⁴⁶ UNDP, State of Human Development in the Pacific. Op. cit. Simon Feeny, 'Vulnerability and resilience in Melanesia: A role for formal social protection policies?' in Simon Feeny (ed). 2016. *Household vulnerability and resilience to economic shocks: Findings from Melanesia*.

⁷⁴⁷ ILO, *Youth employment brief*. Op. cit.

⁷⁴⁸ Ibid.

⁷⁴⁹ World Bank, *Hardship and Vulnerability in the Pacific Island Countries*. Op. cit.

⁷⁵⁰ UNESCAP, *Income support schemes in Pacific Island Countries: A brief overview* (no date).

⁷⁵¹ Asian Development Bank. 2016. *The social protection indicator: assessing results for the Pacific*, p. 25.

⁷⁵² Interview with Administrator, Social Security Administration, Kolonia, Pohnpei, 8 May 2017.

⁷⁵³ Ibid.

⁷⁵⁴ Ibid.

| | | | | | |
|------------------------|---|---|---|---|---|
| FSM | | | | | ✓ |
| Fiji | | | ✓ | ✓ | ✓ |
| Kiribati | ✓ | | | | |
| Nauru | ✓ | | | ✓ | ✓ |
| Palau | ✓ | | ✓ | ✓ | |
| RMI | | | ✓ | | |
| Samoa | | ✓ | ✓ | ✓ | |
| Solomon Islands | | | | | ✓ |
| Tonga | ✓ | ✓ | ✓ | | |
| Vanuatu | | | | | |

Source: Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016), Appendix 2

One social assistance measure provided in several PICTs is a non-contributory pension scheme for persons who have reached a specified age. Benefits include cash transfers, subsidised medicine and travel.

Non-contributory pensions schemes in PICTs

- The **Kiribati** Government provides a universal pension scheme, which guarantees an income for all persons aged over 67. The scheme covers approximately 3,079 beneficiaries (as of 2012): 55 per cent of the older population.⁷⁵⁵ Those aged 67 to 69 receive a direct cash benefit of AU\$40 per month and those aged over 70 years receive AU\$50 a month. This is set at 80 per cent of an adult's monthly expenditure in the poorest quintile, and is considered an 'income supplement', meaning that the benefit rate is less than the basic needs poverty line.⁷⁵⁶ Nonetheless, data indicates that the scheme has a high take-up rate, and the amount compares favourably to similar schemes in other small States.⁷⁵⁷
- The **Nauru** Government provides social assistance primarily in the form of a universal pension. Persons aged over 60 receive an allowance of AU\$150 every two weeks, although people otherwise receiving an income (including other social welfare benefits) are excluded.⁷⁵⁸

755 AusAID, *Pacific social protection series: poverty, vulnerability and social protection: Kiribati case study* (2012).

756 UNESCAP, *Income support schemes in Pacific Island Countries: A brief overview* (no date), p. 20.

757 AusAID. 2012. *Pacific social protection series: poverty, vulnerability and social protection: Kiribati case study*. Op. cit.

758 Asian Development Bank. 2016. *The social protection indicator: assessing results for the Pacific*, p. 19.

- In **Samoa**, the Government provides a universal pension scheme, which guarantees an income for all older persons (at a cost of 1 per cent GDP).⁷⁵⁹ Benefits include cash transfers, free medicine and travel benefits. Consultations have indicated universal awareness of the scheme among households, and suggested the importance of the benefits in reducing vulnerability in old age.⁷⁶⁰
- In **Tonga**, the Government provides a universal pension scheme, which guarantees an income for all aged over 70 (formerly 75).⁷⁶¹

While pensions do not specifically target vulnerable children and families, they can nonetheless have a positive impact on children. For example, an evaluation of a pension scheme in Kiribati found that it has had a positive impact on improving outcomes for children in households containing older persons,⁷⁶² and had a significant impact on poverty among households with people aged over 70. In 2010, it reduced the poverty rate of these households by an estimated 19 per cent.⁷⁶³

The Cook Islands, uniquely among PICTs, has a highly developed social protection system based on the New Zealand model (but with “less comprehensive coverage and smaller payments”).⁷⁶⁴ It is one of only two PICTs (together with Fiji) that target social assistance payments towards children. Benefits to children and the aged are universal. The Social Welfare Act 1989 provides every carer of a child under 12 years with a monthly cash benefit (including a step-child, adopted child or child who is not a member of the family, but is maintained as such). In addition, a one-off payment is made to mothers of newborn babies (after the baby is registered). The benefit, which is also paid to grandparents, has been found to be “an important tool to maintain communities in Outer Islands”,⁷⁶⁵ where income generating opportunities are scarce. A government cutback in public sector jobs in the mid-1990s resulted in the loss of people, skills and paid jobs: particularly affecting communities on Outer Islands. Families consisting of grandparents caring for children (whose parents are in Rarotonga or New Zealand) are reportedly common in the Outer Islands. The universal child benefit has become a critical source of income for such families, helping to maintain school rolls and other services and keeping the communities “viable”.⁷⁶⁶

Other (non-universal) cash payments are made to particular categories of ‘infirm’ and ‘destitute’ persons, subject to a means test. The number of recipients of these benefits is small and determined on a case-by-case basis; most are single women with children and no other source of livelihood.⁷⁶⁷

759 AusAID. 2012. *Pacific social protection series: poverty, vulnerability and social protection in the Pacific – Samoa country case study*, p. 30. The scheme is administered through the National Provident Fund Amendment Act 1990.

760 AusAID, *Pacific social protection series*. p. 30.

761 Asian Development Bank, *The social protection indicator: assessing results for the Pacific*. Op. cit.

762 AusAID, *Pacific social protection series: poverty, vulnerability and social protection: Kiribati case study*. Op. cit.

763 Ibid.

764 Asian Development Bank. 2010. *Weaving social safety nets: Pacific studies series*, p. 24.

765 UNESCAP. No date. Income Support Schemes in Pacific Island Countries, available at <http://www.unescapsdd.org/files/documents/Income%20support%20schemes%20in%20Pacific%20island%20countries.pdf>, p. 15

766 Asian Development Bank, *Weaving social safety nets*. Op. cit. p. 24.

767 Ibid.

In addition, under the disability benefits scheme, around 203 persons (as reported in 2015) received a non-contributory monthly benefit of NZ\$100, and a monthly benefit of NZ\$150 paid to carers of under-18-year-olds with a disability who are unable to work.⁷⁶⁸ There is also a special assistance scheme for improving the residences of persons with disabilities.

While the social protection system in the Cook Islands is extensive, some gaps have been identified. Targeting the social welfare payments has been questioned; according to a report by the Asian Development Bank, “despite its wide coverage, funding for various eligible groups is not provided according to strict needs-based definitions.” For example, one small food-rich island, Mauke, is home to 18 per cent of ‘destitute’ cases, while poorer islands (Pukapuka and Penrhyn), and Manihiki, have only 2 per cent of cases.⁷⁶⁹

The cost of the system, which has increased significantly over time, has called long-term viability into question. According to the Asian Development Bank, the system should be made more cost-efficient and responsive to the needs of the vulnerable, so that it is sustainable.⁷⁷⁰

One notable gap is the absence in many PICTs of any social protection measures involving regular cash transfers that specifically target vulnerable children. A number of PICTs provide ad hoc or in-kind assistance by way of subsidies to vulnerable children. For example, a Family Assistance Programme has been established in Vanuatu, but this only provides small amounts to families on a temporary basis, where their livelihoods depend on an inadequate source of income.⁷⁷¹ Social assistance programmes in the Solomon Islands are similarly very limited: a disability benefit is mainly limited to in-kind assistance aimed at improving living standards, mainly for children with physical disabilities (including provision of services for the blind, assisting school children with low vision, housing projects for persons with leprosy).⁷⁷² Solomon Islands also has a small social assistance programme, administered through the Department of Social Welfare. However, this programme is ad hoc and does not appear to provide regular cash payments to families based on strict vulnerability criteria (e.g., households with a head who is ‘bed ridden’ or has died, or when a house is destroyed by fire or there is a natural disaster).⁷⁷³ Kiribati provides school fee schemes and cash payments to incapacitated parents of secondary school children.⁷⁷⁴

However, the effectiveness of these measures in achieving and sustaining long-term impacts in lifting families out of poverty is uncertain.

Fiji is the only PICTs with a social assistance programme specifically targeting poor and vulnerable children. However, its impact in lifting vulnerable families out of poverty has been limited (see below).

768 UNESCAP. Income Support Schemes in Pacific Island Countries. Op. cit. p. 15.

769 Asian Development Bank, *Weaving social safety nets: Pacific studies series*. Op. cit. p. 25.

770 Ibid.

771 Asian Development Bank, Republic of Vanuatu: Updating and improving the Social Protection Index (2012), paras. 38 and 39.

772 Ibid. para. 35.

773 KII with (Acting) Director of Social Welfare, MHMS, Honiara, 14 March 2017.

774 World Bank. 2006. in AusAID 2012. *Pacific social protection series: poverty, vulnerability and social protection: Kiribati case study*. Op. cit.

Fiji's Care and Protection Allowance

- A Care and Protection Allowance, established in 1990, is a child grant providing cash transfers and food vouchers for low income and vulnerable families.⁷⁷⁵ However, the effectiveness of these schemes has been limited in terms of their coverage and impact lifting beneficiaries out of poverty. While the impact of the social assistance schemes is unknown, 2008/2009 HIES data shows that reductions in poverty brought about by the Family Assistance Scheme were minimal, representing less than a 3 per cent reduction in the poverty gap.⁷⁷⁶
- One of the main reasons for the lack of effectiveness and impact of the schemes is their low coverage. This is the case for the Family Assistance Programme, even among the poorest, and the Care and Protection Allowance was only provided to 4,939 children in 2,000 households nationwide.⁷⁷⁷ According to the 2008/2009 HIES, only 21.2 per cent of those living in poverty received a social security transfer.⁷⁷⁸
- Furthermore, the budget for the Care and Protection Allowance remains under-spent, and families are not receiving the full intended amount. They are also unable to receive any other grants if they are recipients of the Care and Protection Allowance.⁷⁷⁹
- The Care and Protection Allowance is, in part, paid via food vouchers, which creates challenges for families who are required to travel and collect them. Providing assistance through food vouchers instead of cash could also harm local markets.⁷⁸⁰

Operational challenges also limit the effectiveness of social assistance measures throughout the PICTs. It has been reported that across the Pacific, social assistance programmes tend to be piecemeal and characterized by weak and fragmented governance.⁷⁸¹ In Fiji, the Care and Protection Allowance is administered through Welfare Officers, who have heavy workloads managing social assistance schemes along with social work responsibilities. This, combined with the insufficient training they have received leaves them limited time and capacity to carry out both job components effectively.⁷⁸² While Kiribati provides some formal social protection measures, which appear to be having a (limited) impact on lifting people out of poverty, several operational barriers have been noted. The Elderly Fund is not underpinned by legislation; if provided for in legislation, it would make it difficult to reduce or modify without broader consensus.⁷⁸³ Kiribati also lacks a separate, central agency mandated to work on social policy and the development of

775 UNICEF and Fiji Ministry of Women. Op. cit. p. 49-50.

776 Ibid. p. 53.

777 Ibid.

778 Ibid. p. 52.

779 UNICEF and Fiji Ministry of Women. Op. cit. p. 7.

780 Ibid. p. 52.

781 UNESCAP, *Income support schemes in Pacific Island Countries*. Op. cit. p. 22.

782 UNICEF and Fiji Ministry of Women. Op. cit. p. 52.

783 AusAID, *Pacific social protection series: poverty, vulnerability and social protection: Kiribati case study*. Op. cit.

social protection services.⁷⁸⁴ In Tonga, there is no Social Welfare Department, and no central body to govern social protection schemes.⁷⁸⁵

7.2.3. Labour market programmes: gaps, barriers and bottlenecks

Another component of social protection systems is measures to generate and improve access to employment opportunities among young people. These have been very limited in PICTs and focus only on skills training (rather than, for example, cash payments for work or training).⁷⁸⁶ 'Cash-for-work' schemes have typically been limited to recruitment on public works projects. Kiribati is the only country in the region that distributes cash benefits to beneficiaries of labour market programmes. However, this takes the form of mobilisation costs (airfares) for workers recruited under the New Zealand and Australian seasonal employment programmes, rather than programmes aimed at generating opportunities and skills development for young people in Kiribati.⁷⁸⁷

7.2.4. Targeting and impact of social protection measures

Across the Pacific, the depth of social protection measures (the average benefits received by actual beneficiaries) varies considerably (see Figure 7.6). It is notable that the countries with stronger social assistance components (e.g., the Cook Islands, Fiji) have low depth ratings, indicating that social assistance payments are generally quite low and perhaps insufficient to lift vulnerable families out of poverty.

The depth ratings by component, shown in table 7.5 demonstrate further that payments for social assistance measures are quite low, compared to social insurance measures.

Table 7.5: Average social protection indicator (SPI) depth indicator, by type of programme (including PNG and Timor-Leste)

| Overall depth | Social insurance | Social assistance | Labour market programmes |
|---------------|------------------|-------------------|--------------------------|
| 27.7 | 68.6 | 9.0 | 22.7 |

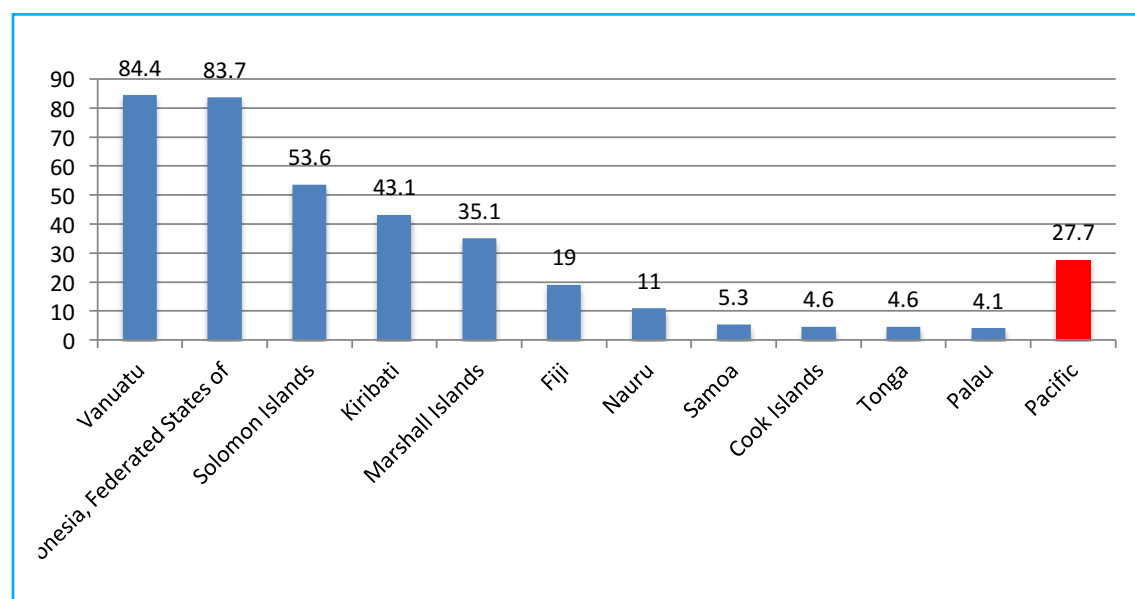
Source: Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016)

784 Ibid.

785 UNESCAP, *Income support schemes in Pacific Island Countries*. Op. cit. p. 22.

786 Asian Development Bank. 2013. The social protection index: assessing results for Asia and the Pacific, available at <https://www.adb.org/sites/default/files/publication/30293/social-protection-index.pdf>, p. 59.

787 Asian Development Bank. 2016. *The social protection indicator: assessing results for the Pacific*. Op. cit. p. 27.

Figure 7.6: Depth of social protection indicator, by country

Source: Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016)

The data also indicate that social protection schemes are not well targeted in the Pacific. When the social protection indicator is disaggregated between the poor and non-poor, the non-poor are found to be the main beneficiaries (the respective aggregate indicators for the poor and non-poor in Pacific island countries are only 0.2 per cent and 1.7 per cent). This is due to the dominance of social insurance programmes.⁷⁸⁸

The targeting of social protection programmes also appears to have a gender dimension. The social protection indicator for women in the Pacific was 0.8 per cent of GDP per capita compared to 1.1 per cent for men.⁷⁸⁹ This is attributed to the differential access of women and men to social insurance measures.⁷⁹⁰ Social insurance measures have a gender bias, because access is generally restricted formal sector workers, who are predominantly male.

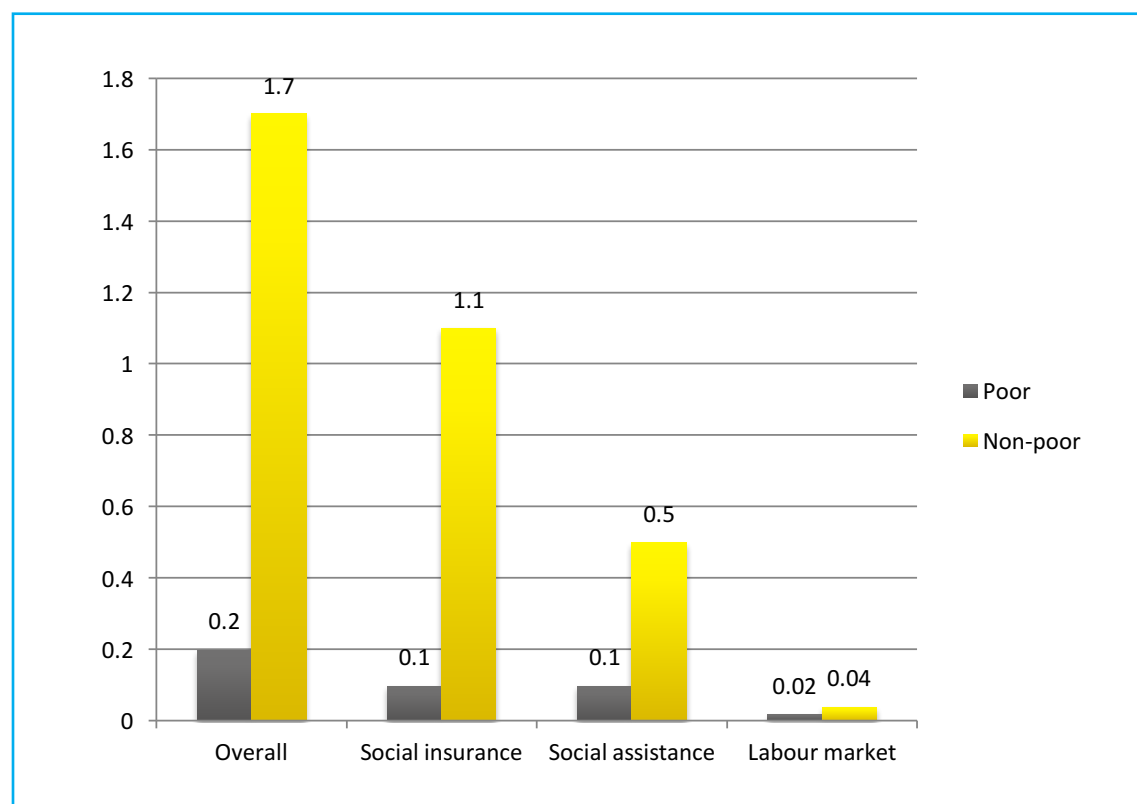
The data therefore indicates that social protection measures in the Pacific do not effectively target the most vulnerable populations, and where they do, do not provide a level of benefit sufficient to lift families out of poverty.

⁷⁸⁸ Ibid.

⁷⁸⁹ Ibid. Please note that the Pacific-wide SPI aggregates include PNG and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

⁷⁹⁰ Ibid.

Figure 7.7: Social protection indicator by poverty status and component, 2012 (per cent)



Source: Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016), p. 42

7.2.5. Informal social protection systems

PICTs have a “rich history of informal and traditional economic and social protection systems... They have helped to ensure that most Pacific Islanders’ basic needs were met; that the poor and vulnerable were looked after; and that the wealth and assets were fairly distributed throughout the population.”⁷⁹¹ However, out-migration and increasing modernisation and urbanisation have led to a gradual weakening of traditional support systems.⁷⁹² Moreover, traditional safety nets have limited ability to respond to aggregate shocks. These systems may be effective in responding to shocks faced by individual households (e.g. illness, unemployment), but they are weak in responding to persistent, community-wide shocks: “sharing within communities and extended families becomes considerably diminished when all or most members are placed under consistent livelihood stress as a result of widespread poverty” or as a result of a natural disaster.⁷⁹³

791 UNESCAP, *State of Human Development in the Pacific*. Op. cit.

792 Asian Development Bank. 2013. *The social protection index: assessing results for Asia and the Pacific*. Op. cit. p. 23

793 AusAID. 2010. *Social protection in the Pacific: A review of its adequacy and role in addressing poverty*.

In the context of diminishing traditional support systems, the absence of a comprehensive social protection system that effectively targets those most in need is a significant gap. The lack of social assistance programmes with wide coverage that provide cash transfers to those living in poverty and vulnerability impairs the ability of PICTs to lift people out of poverty and create improved conditions for economic growth.

8.

Conclusions

In addition to the specific bottlenecks and barriers identified above, the following key findings can be drawn from the wider situation analysis of women and children in PICTs. Please note that these are not listed in any order of priority.

8.1. Climate change and disaster risks

The PICTs are vulnerable to a large number of climate disasters, including tropical cyclones and typhoons, flooding, drought and temperature extremes. Several PICTs are low-lying or have low-lying territories that are vulnerable to coastal erosion and rising sea levels, and all are affected by climate change and natural disasters. Climate change and disaster risks have a considerable impact on all PICTs and across all outcome areas in relation to the realisation of children's and women's rights. Governments seem aware of these concerns and are engaging with (international) civil society to address them through planning and policies.

- In relation to **health**, climate change and extreme weather increase the threat of both communicable and non-communicable diseases, and can exacerbate existing bottlenecks and create additional barriers for individuals requiring health care.⁷⁹⁴
- Key climate-sensitive **health** risks in the region include: rising sea levels; extreme weather events and drought, which can increase the likelihood of injury, death, water, food and vector-borne diseases; traumatic injury and death from extreme weather events; respiratory illnesses; increased mental health problems; compromised food security; and heat-related illnesses.⁷⁹⁵ These problems are likely to be borne disproportionately

794 WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017. Op. cit.

795 WHO. 2015. Human health and climate change in Pacific island countries. Op. cit. p. 66.

by vulnerable population groups including the very poor, young children and people with disabilities.⁷⁹⁶

- Rising sea levels and increasing frequency of extreme weather events (such as king tides and storms) can lead to shore erosion, saltwater intrusion and contamination of water sources. **Water-safety** measures will be essential in addressing and mitigating climate-sensitive health risks.
- One of the greatest risks of climate change for **water safety** is the decline in the predictability of rainfall patterns because many PICTs rely heavily on rainfall as a source of drinking water.⁷⁹⁷ Water safety concerns are likely to affect rural communities with low socio-economic status.⁷⁹⁸
- Disasters and climatic events affect access to and quality of **education** services due to damaged schools, challenges in access and diverted resources. In the Pacific, it is extremely important to ensure that: school infrastructure is safe; management and teaching staff employ preparedness and emergency management procedures; and curriculums and teaching and learning materials support a culture of risk reduction for students in general.
- Climate change and natural disasters can act as barriers and bottlenecks to **child protection** system delivery because they: expose more children to child protection vulnerabilities; undermine the functionality of existing child protection systems and structures; and exacerbate the physical and financial vulnerabilities of children that benefit from services.⁷⁹⁹
- Disasters can also cause economic shocks, pushing families – particularly those earning a living from the land – into **poverty**, and strain traditional social protection systems.

8.2. Geography

A major challenge for the implementation of systems and delivery of services in many of the PICTs relates the remoteness and topography of many island groups, which leads to challenges in transport, infrastructure and access.

- In **all outcome areas**, there is a high cost and administrative difficulty attached to delivering services and implementing programmes to widely dispersed populations.
- In **health**, there are difficulties associated with transferring patients in need of specialised health care, especially from remote Outer Islands, the cost of which can be considerable

796 WHO Country Cooperation Strategy for Marshall Islands 2013-2017. Op. cit. p. 12.

797 WHO. 2016. Sanitation, drinking-water and health in Pacific island countries. Op. cit.

798 Ibid. p. 58.

799 Government of Samoa, SAMOA Post-disaster Needs Assessment, Cyclone Evan 2012. Op. cit.

for health services and patients themselves. In many remote areas, health services rely upon outreach teams for primary health care, without emergency care services.⁸⁰⁰

- In **child protection**, geographical challenges can make birth registration difficult, forcing PICTs to develop innovative approaches to registration and certification, including posting registry services within hospitals and health centres, and developing multi-agency agreements to facilitate remote registration.⁸⁰¹
- In the **justice** sector, geographical barriers affect the availability of magistrates and Courts, unduly delaying children's cases, and leading to resolution through informal mechanisms that may follow fewer safeguards of children's rights.
- Unavailability of schools in remote areas is a barrier to access to **education** because travel to school is costly and time-consuming. This drives school drop-out and discourages enrolment.⁸⁰²

8.3. Financial, human and infrastructural resources

Many PICTs rely on external development aid to finance systems and services. However, these systems and services, and the infrastructure on which they operate are still under-resourced.

- Lack of financial resources translates into lack of appropriate equipment and professional personnel, including in **health** and **WASH, education, justice** and **child protection**.
- According to the WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017, the level of **health** spending in PICTs is generally insufficient to address the many health challenges they face.⁸⁰³ High travel costs, the increasing financial burden of non-communicable diseases, and heavy reliance on external donor assistance represent potential bottlenecks in relation to health financing in the region.
- Data from Fiji, Solomon Islands, Tonga and FSM (the only four PICTs that participated in the latest 2017 GLAAS exercise) suggest that current **WASH** funding levels are generally inadequate to meet national sanitation and drinking water targets.⁸⁰⁴
- In **education**, several PICTs suffer from high teacher turnover and low quality of teaching professionals: problems linked to and exacerbated by poor training opportunities and limited resources.

800 Ibid. p. 210.

801 E.g. Kiribati: UNICEF, Australian AID, European Union, Australian Government DFAT, Child Protection Case Study, Partnerships Promoting High Birth Registration in Kiribati, [undated], p. 2.

802 MEHRD, *Barriers to Education Study 2011*. Op. cit. p 4; Johnson Fangalasuu and Andrea Bateman. Op. cit. p. 38.

803 WHO Multi-Country Cooperation Strategy for the Pacific. Op. cit.

804 2017 UN Global Annual Assessment of Sanitation and Drinking-Water. Op. cit. p.67 and 69.

- In **child justice**, designated police officers lack funding and resources to deliver child-friendly justice, and are often tasked with child protection duties on top of their general duties, making it difficult to fulfil their child justice roles.
- There is a lack of trained professionals in all sectors, including **health, WASH, education, child protection and justice**, caused by a lack of training opportunities, out-migration of skilled professionals and high turnover due to under-funding. This leads to poorly implemented services and systems.
- Spending on **social protection** is generally quite low in PICTs, particularly compared to levels of spending on social protection in the wider Asia-Pacific region. This limits the coverage (breadth) of social protection measures and the level (depth) of benefits.

8.4. Legislative framework

The PIC legislative and policy frameworks were analysed in greatest detail around child protection and the delivery of child justice, but were also touched upon in all other chapters, including, particularly, education and social protection. This analysis found gaps relating to child protection and child justice in all PICTs, and in education and social protection in some PICTs:

- In several PICTs, most notably the Cook Islands, FSM, Kiribati, Samoa, Solomon Islands and Vanuatu, the provision of ECE has not been made compulsory by law.
- Corporal punishment at home is not prohibited in any of the PICTs due to 'reasonableness' justifications or defences against assault charges in some PICTs, and through explicit provisions that allow parents to discipline their children.
- In some States (Tokelau, Tonga, Tuvalu, Vanuatu), there is no legal and policy framework for a child protection system, or provisions relating to children and child protection are extremely limited in the law.
- The minimum ages of child marriage are set at the internationally accepted age of 18 in only four PICTs (Kiribati, Fiji, Nauru and RMI).
- Legal protections against child labour, trafficking and commercial sexual exploitation are lacking in many PICTs (e.g., Tonga, FSM, Nauru, Palau).
- All PICTs have established minimum ages of criminal responsibility that are lower than the 'absolute minimum' international standard of 12.⁸⁰⁵ Most of the PICTs have dual ages of minimum criminal responsibility based on 'discernment' clauses, which are also

805 Committee on the Rights of the Child, General Comment 10, 2007, para. 31.

out of line with international guidance.⁸⁰⁶ In some PICTs, children ‘age out’ of the child justice system before the age of 18, so that children aged 16 and 17 may be treated as adults, and sentenced according to adult procedures and penalties (e.g., the Cook Islands, Fiji, Palau, Samoa).

- Several PICTs allow children to be punished through the criminal (or quasi-criminal) system for status offences.⁸⁰⁷ This includes punishment for “being out of control” (Fiji⁸⁰⁸) and being “delinquent” (FSM, Palau, RMI).

8.5. Poverty and vulnerability

The impacts of poverty are significant across the PICTs and children and families are highly exposed to risk and economic shocks, particularly those caused by climate change and natural disasters.

- The absence of a comprehensive **social protection system** limits the ability of the Governments to lift vulnerable persons out of poverty and support economic growth.
- **A Lack of economic opportunity**, particularly for adolescents and young people, perpetuates cycles of poverty and entrenches exclusion and vulnerability.
- Poverty, particularly rural poverty, is associated with **lack of access to basic needs and services**, such as health services, education, WASH and access to child protection, social welfare and justice systems.

8.6. Community awareness, attitudes and practice

Community and cultural norms, attitudes and traditions both enable and act as barriers and bottlenecks to the realisation of children’s rights across the PICTs, playing a strong role in the situation of women and children. Particularly in child protection and child justice, education and health, the community provides informal services: a) to plug a resource gap in formal service provision; or b) due to community pre-disposition towards informal services and away from formal intervention.

- In **health**, misperceptions about diseases and health interventions, as well as deeply-rooted socio-religious norms, pose risks to the effective functioning of healthcare systems. For example, the historical absence of severe epidemics of vector-borne diseases in RMI

806 Ibid.

807 Ibid. para 8.

808 Section 44(2) Juvenile Justice Act (Fiji) 1974.

appears to have given rise to a widespread belief that the population is immune to diseases such as dengue fever.⁸⁰⁹ In Kiribati, it appears that dominant socio-religious norms are the main underlying factor suppressing demand for contraceptives amongst women.⁸¹⁰

- Evidence from Nauru⁸¹¹ and RMI⁸¹² suggests that community engagement and awareness are still relatively low in relation to **water** protection, water efficiency, water quality, and sanitation impact on the environment.
- Although there are limited data on the cultural barriers in **education**, reports relating to Vanuatu and Tonga suggest that negative and indifferent attitudes among parents towards ECE are factors discouraging parents from enrolling their children in ECE. In addition, in some PICTs socio-cultural perceptions of vocations and career pathways along traditional gender lines appear to be limiting equal access to education and training between males and females.
- The intersect between community, culture, tradition and **child protection** is complex, and at times concerning. The community can act as a protective environment for children and is relied upon by children and families as a pragmatic choice over official channels. However, community approaches can be favoured for reasons that are not necessarily in line with the child's best interests or rights, such as fear of stigma and community harmony, causing a significant risk of further trauma and depriving child victims of justice.
- There appears to be a trend across the PICTs of cultural barriers to reporting **violence, exploitation, abuse and neglect of children and violence against women** that works alongside a pre-disposition to handle cases informally. This is also linked to community attitudes that permit corporal punishment and violence against women and girls, including sexual violence, and gender roles according to which males are dominant and 'wife-beating' acceptable.
- The use of traditional informal **justice** mechanisms, which is practiced across all PICTs, can help to support child-friendly justice, but, where there are no safeguards or protections in place, children's right to justice is at risk.

809 WHO. 2015. Human health and climate change in Pacific island countries. Op. cit. p. 66. p.70.

810 Ibid.

811 Government of Nauru. Undated (published after 2011). Mid-Term Report of the Nauru GEF Pacific IWRM Demonstration Project. Available at: <http://www.pacific-iwrm.org/mid-term-reports/GEF-Pacific-IWRM-Nauru-Draft-Mid-Term-Report.pdf> [05.05.17].

812 SOPAC et al. 2007. National Integrated Water Resource Management Diagnostic Report. SOPAC Miscellaneous Report 639. Available at: <http://www.pacificwater.org/userfiles/file/GEFpercent20IWRMpercent20Finalpercent20Docs/MR0639RMI.pdf> [05.05.17].

8.7. Gender

Socio-cultural norms and traditional perceptions around gender roles can act as barriers and bottlenecks to the realisation of children's and women's rights in a number of outcome areas.

- Traditional gender norms have a significant impact on **WASH** outcomes, often to the detriment of women and girls. The consequences of these norms include menstruation being seen as taboo, which in turn means that access to menstrual hygiene products is not prioritised in the community (RMI),⁸¹³ and stigma around menstrual hygiene in schools, leading to absenteeism, distraction, embarrassment and shame (Solomon Islands).⁸¹⁴
- Limited access to improved **water** sources is likely to disproportionately affect women and girls, who are usually expected to do the bulk of unpaid labour in fetching water, which may involve several hours of walking in remote, rural areas.⁸¹⁵
- Traditional gender roles support and facilitate high rates of **violence** against women and girls, and create socio-cultural barriers to the reporting of violence, including sexual violence.
- Discriminatory marriage ages in all but four PICTs (Kiribati, Fiji, Nauru, RMI) allow for females to be married at a younger age than males, with girls vulnerable to child marriage (and forced marriage in some circumstances), opening them up to greater risk of domestic violence, early pregnancy and school drop-out.
- The perceived or actual acceptability of violence, including sexual violence against women and girls can, lead to victims of sexual violence failing to obtain justice, particularly in male-led justice processes, which can encourage or force female victims to accept apologies or marry perpetrators in lieu of justice.
- Gender norms also result in the **(economic) disempowerment and subordination of women**. Women's lack of access to formal job markets (caused by: an historic lack of access to education; lack of marketable skills; gender stereotyping in employment; gender norms that place the responsibility for domestic work on women; and limited access to credit and land) makes them dependent on men, and limits their access to social insurance systems and other entitlements.

813 Saunders, A. 2016. Op. cit.

814 UNICEF. 4th MHM Virtual Conference 22-23 October 2015. Solomon Islands. Incorporating MHM into national WASH in schools policies and guidelines: MHM in WinS Study. Available at: https://www.unicef.org/wash/schools/files/Solomon_Islands_-_Incorporating_MHM_into_national_WASH_in_schools_policies_and_guidelines.pdf [13.03.17].

815 Willetts et al. 2009. Op. cit.

8.8. Equity

Though lack of disaggregated data has made quantitative analysis difficult in this SitAn, information suggests the following equity-led conclusions:

- Funding for **health care** is often disbursed unequally, in favour of urban centres. Many PICTs allocate a significant proportion of funding to tertiary services and specialised overseas treatment, often to the detriment of preventative and primary healthcare services.⁸¹⁶
- **Health workers** are frequently distributed inequitably between rural and urban areas.
- School fees and ‘hidden’ costs of **education** (e.g., school uniform, text book and transport costs) are hindering equal access to education in several PICTs (Fiji; Solomon Islands; Samoa; Vanuatu; Tuvalu), even those operating Government grant schemes to facilitate access.
- Another important area of concern relates to unequal access to **WASH** and inequity in resource allocation between different WASH sectors. The educational situation of children with disabilities, refugee and asylum seeking children, and children from minority ethnic groups is difficult to assess, largely because of a lack of relevant disaggregated data. However, the limited data available highlights issues concerning the inclusion of children with disabilities into mainstream schooling in all PICTs. For example, in Samoa there are insufficient tailored resources and facilities for children with disabilities, particularly at secondary level and in rural areas, where ‘special schools’ are unavailable, resulting in the children being kept at home.⁸¹⁷
- The country-specific SitAns identified a number of discriminatory legal provisions in relation to **child protection** and **child justice**, including: in Niue, the rape of boys is not prohibited by law;⁸¹⁸ criminal sanctions for sexual violence against children with disabilities that are lower than those for violence against other children;⁸¹⁹ boys are less well protected than girls from sexual exploitation and abuse in Tuvalu;⁸²⁰ and in seven PICTs, the legal minimum age of marriage is different for boys and for girls.
- **Social protection systems**, which rely heavily on social insurance measures, disproportionately benefit the non-poor, as they are restricted to formal sector workers. They therefore restrict the ability of poorer households to lift themselves out of poverty and guard against economic shocks.

816 Alfred J. Edwin M. Funk M. Handtke O. McGovern P. Op. cit. p. 26.

817 Ministry of Education, Sports and Culture, *Education Statistical Digest 2016*. Op. cit. pp. 46-47.

818 Committee on the Rights of the Child. 2013. Concluding Observations: Niue, para. 38.

819 Ibid. 53.

820 US Department of Labor, Findings on the Worst Forms of Child Labor – Tuvalu. Op. cit.

8.9. Data availability

This analysis has revealed several data gaps in the PICTs. The absence of this data is in itself a key finding, but it also makes a full analysis of the situation for children and women impossible.

- There are numerous data gaps in health and nutrition, WASH, education, child protection juvenile justice and social protection, and, where quantitative data do exist in all sectors, they are rarely broken down by rural-urban differences, gender, wealth disparities or for vulnerable groups such as refugee and asylum-seeking children or children with disabilities.
- Existing data collection mechanisms are under-utilised or do not have the necessary resources to perform properly.
- There are extremely limited data available about children in contact with the law to allow analysis of types of crimes, cases and outcomes, and patterns and trends among the children and families involved.

9.

Annexes

9.1. Annex A

In Fiji, the following interviews were carried out with key stakeholders:

- Programme Manager, UNICEF WASH in Schools, UNICEF Pacific.
- Education Specialist, UNICEF Pacific.
- Chief of Health, UNICEF Pacific.
- (Acting) Chief and Child Protection Specialist, UNICEF Pacific.
- Emergencies Specialist, UNICEF Pacific.
- (Acting) Officer in Charge of Communications, UNICEF Pacific.
- Director of Political Governance and Security, Pacific Forum.
- Regional Representative, Office of High Commissioner on Human Rights Pacific.
- National Youth Council Secretariat, South Pacific Commission.
- CEO and Child Protection Specialist, Save the Children Fiji.
- Director, Foundation for the Education of Needy Children (Fijian NGO).

In addition, a causality workshop was carried out with key government and non-government stakeholders, focused on mapping immediate, underlying and structural causes of rights shortfalls in child protection, and mapping out capacity gaps in addressing these shortfalls.

Site visits were also made to two schools in Rakiraki, a rural area in the north of Viti Levu, and unstructured interviews were undertaken with school principals and teachers, and an unstructured focus group discussion was carried out with a group of children in one of the schools.

In Solomon Islands, the following interviews were carried out with key stakeholders:

- Director, Child Development, Ministry of Women, Youth, Children and Family Welfare (MWCYFW).
- Director, Women's Development, MWYCFW.

- Director, Social Welfare, Ministry of Health and Medical Services (MHMS).
- (Acting) Director, Environmental Health, MHMS.
- Director, Reproductive and Child Health, MHMS.
- Director, Community Early Childhood Education and School Services, Ministry of Education and Human Resources Development (MEHRD).
- Under Secretary, Education Authority Services, MEHRD.
- Director, Police Prosecutions, Royal Solomon Islands Police Force.
- Director, Social Sector, Ministry of Development, Planning and Aid Coordination.
- Under Secretary of School Services, TVET, MERHD.
- Officer in Charge, and two Programming Officers, UNDP/Joint Presence in Solomon Islands.
- (Acting) Officer in Charge, UNICEF Solomon Islands Office.
- WASH in Schools Programme Manager, UNICEF Solomon Islands Office.
- Country Programme Coordinator, UN Women Solomon Islands.
- Officer in Charge, UNFPA Solomon Islands Office.
- Two Programme Managers, World Health Organization.
- Officer in Charge of Senior Programme Managers, World Vision Solomon Islands.
- Director and Two Programme Officers, Save the Children Solomon Islands.
- Country Manager, Live and Learn Environmental Education (NGO).
- Gender Justice Programme Manager, Oxfam Solomon Islands.
- President and Youth Coordinator, Honiara Youth Council and Youth Officer, Honiara City Council.

In Suva, Fiji, the following interviews were carried out with key informants from regional organizations:

- Programme Manager, UNICEF WASH in Schools, UNICEF Pacific.
- Education Specialist, UNICEF Pacific.
- Chief of Health, UNICEF Pacific.
- (Acting) Chief and Child Protection Specialist, UNICEF Pacific.
- Emergencies Specialist, UNICEF Pacific.
- (Acting) Officer in Charge of Communications, UNICEF Pacific.
- Director of Political Governance and Security, Pacific Forum.
- Regional Representative, Office of High Commissioner on Human Rights Pacific.
- National Youth Council Secretariat, South Pacific Commission.

In addition, two focus group discussions were carried out with groups of children identified as particularly marginalised or vulnerable. These included:

- Thirteen children with disabilities, Red Cross School, Honiara.
- Eight children living in an informal squatter settlement in Honiara (from an ethnic minority group from Malaita).
- In FSM (Pohnpei), interviews were carried out in May 2017 in with the following stakeholders:
 - Secretary and Technical Lead, Department of Health and Social Affairs.
 - Secretary, Federal Department of Education.
 - Head of Budget and Economic Management Division, Department of Finance.

- Assistant Secretary, Statistics Division, Resources and Development Department, National Government.
- Assistant Attorney-General, Department of Justice.
- Director, National Office of Environment and Emergency Management.
- National Youth and Disability Coordinator, Department of Health and Social Affairs.
- Director and Advocate, Public Defenders Office.
- Administrator (Head), Social Security Administration.
- Head of Social Affairs, Pohnpei State Governor's Office.
- Chief of Early Childhood Education and ECE Team, Pohnpei State Education Department.
- Director and Member, Youth Council of Pohnpei.
- Head of Joint UN Mission in FSM, UNFPA.

9.2. Annex B

Treaty obligations and reporting records

| Cook Islands | | | | | |
|--------------------------------|--|---|--|--|--|
| Treaty | Date of signature (S)/ratification (R)/accession (A) | Reservation | Latest report submitted | Reporting status as of June 2016 | Treaties not yet ratified |
| CEDAW | 11 August 2006 (A) | Art 11 (2)(b) | Combined 2 nd and 3 rd reports submitted 28 Feb 2017 | Up to date | <ul style="list-style-type: none">• International Covenant on Civil and Political Rights (ICCPR)• ICESCR• Convention against Torture (CAT)• Committee on the Elimination of Racial Discrimination (CERD)• Migrant Workers Enforced Disappearance |
| CRC | 6 June 1997 (A) | Articles 2 and 10 | Initial report submitted 5 Nov 2010 | Combined 2 nd to 5 th reports due 5 Jan 2018 | |
| CRPD | 8 May 2009 (R) | - | Initial report submitted 8 Dec 2011 | 2 nd report due 8 Jun 2019 | |
| CEDAW OP | 27 Nov 2007 (R) | - | - | - | |
| Universal Periodic Review | The Cook Islands does not participate in the UPR | | | | |
| Federated States of Micronesia | | | | | |
| CEDAW | 1 September 2004 (A) | Articles 5, 11(1)(d), 11(2)(b)(f), 16 and 29(1) | Combined 1 st to 3 rd reports submitted 4 Aug 2015 | Up-to-date | <ul style="list-style-type: none">• ICCPR• ICESCR• CERD• Migrant Workers• Enforced Disappearance• CAT• CRPD |
| CRC | 5 May 1993 (A) | - | Initial report submitted 16 Apr 1996 | 2 nd report due 3 Jun 2000 | |
| CAT | 15 September 2005 (S) | - | - | - | |
| CRPD | 23 September 2011 (S) | - | - | - | |
| OP-CRC-AC | 26 October 2015 (R) | - | - | Initial report due 26 Nov 2017 | |
| OP-CRC-SC | 23 April 2013 (R) | - | - | Initial report overdue since 23 May 2014 | |
| Universal Periodic Review | 1 st cycle: November 2010; 2 nd cycle: November 2015; next cycle: 2020 | | | | |

| Fiji | | | | | |
|---------------------------|--|---|--|--|--|
| CEDAW | 28 August 1995 (R) | - | 5 th report submitted 29 Jun 2016 | up-to-date | <ul style="list-style-type: none">• ICCPR• ICESCR• CRPD• Migrant Workers• Enforced Disappearance |
| CRC | 13 August 1993 (R) | - | Combined 2 nd to 4 th reports submitted 4 Aug 2011 | Combined 5 th and 6 th reports due 11 Sept 2020 | |
| CERD | 11 January 1973 (R) | Articles 2, 3, 4(a),(b),(c), 5(c),(d)(v),(e) (v), 6, 15, and 20 | 18 th to 20 th reports submitted 10 Feb 2012 | 21 st and 22 nd reports overdue since 10 Feb 2016 | |
| CAT | 14 March 2016 (R) | - | - | - | |
| CRPD | 7 June 2017(R) | - | - | - | |
| OP-CRC-AC | 16 September 2005 (S) | - | - | - | |
| OP-CRC-SC | 16 September 2005 (S) | - | - | - | |
| OP-CRPD | 2 June 2010 (S) | - | - | - | |
| Universal Period Review | 1 st cycle: February 2010; 2 nd cycle: November 2014; next cycle: 2019 | | | | |
| Kiribati | | | | | |
| CEDAW | 17 March 2004 (A) | - | - | Initial report overdue since 2005 | <ul style="list-style-type: none">• ICCPR• ICESCR• CERD• CAT• Migrant Workers• Enforced Disappearance |
| CRC | 11 December 1995 (A) | Articles 24(b)(c)(d)(e) (f), 26 and 28(b)(c)(d) | Initial report submitted 22 Aug 2005 | Combined 2 nd to 4 th reports overdue since 9 Jul 2011 | |
| CPRD | 27 September 2015 (A) | - | - | Initial report overdue since 27 October 2015 | |
| OP-CRC-AC | 16 September 2015 (A) | - | - | - | |
| OP-CRC-SC | 16 September 2015 (A) | - | - | - | |
| Universal Periodic Review | 1 st cycle: May 2010; 2 nd cycle: January 2015; next cycle: 2020 | | | | |

| Marshall Islands | | | | | |
|---------------------------|--|---|--|--|---|
| CEDAW | 2 March 2006 (A) | - | Combined 1 st to 3 rd reports submitted 13 Sept 2016 | Up-to-date | <ul style="list-style-type: none">• ICCPR• ICESCR• CAT• CERD• Migrant Workers• Enforced Disappearance |
| CRC | 4 October 1993 (R) | - | 3 rd and 4 th reports submitted 7 Jul 2016 | Up-to-date | |
| CRPD | 17 March 2015 (A) | - | - | Initial report due in 2017 | |
| Universal Period Review | 1 st cycle: November 2010; 2 nd cycle: May 2015; next cycle: 2020 | | | | |
| Nauru | | | | | |
| CEDAW | 23 June 2011 (A) | - | 1 st to 3 rd reports submitted 13 Jan 2016 | Up-to-date | <ul style="list-style-type: none">• ICCPR• ICESCR• CERD• Migrant Workers• Enforced Disappearance |
| CRC | 27 June 1994 (A) | - | Initial report submitted 11 Jan 2016 | Up-to-date | |
| CRPD | 27 June 2012 (A) | - | - | Initial report overdue since 2014 | |
| CERD | 12 November 2001 (S) | - | - | - | |
| CAT | 26 September 2012 (A) | - | - | Initial report overdue since 26 Oct 2013 | |
| OP-CRC-AC | September 2000 (S) | - | - | - | |
| OP-CRC-SC | September 2000 (S) | - | - | - | |
| Universal Periodic Review | 1 st cycle: 24 January 2012; 2 nd cycle: 3 November 2015; next cycle: 2020 | | | | |
| Niue | | | | | |
| CEDAW | 17 July 1980 (S) | - | - | - | <ul style="list-style-type: none">• CAT• Optional Protocol of the Convention against Torture (CAT-OP)• CRC-OP2-DP• CRC-OP-SC• CRPD• CED• CERD |
| CRC | 20 December 1995 (A) | - | 24 November 2010 | - | |
| CERD | 22 November 1972 (A) | - | - | - | |
| Universal Periodic Review | Niue is not a member of the United Nations and is therefore not reviewed under the UPR | | | | |

| Palau | | | | | |
|---------------------------|---|--------------|---|--|--|
| CEDAW | 20 September 2011 (S) | - | - | - | <ul style="list-style-type: none">• ICCPR• ICESCR• CEDAW• CERD• Migrant Workers• Enforced Disappearance• CAT |
| CRC | 4 August 1995 (R) | - | 2 nd report submitted 27 Jul 2016 | Up-to-date | |
| CRPD | 11 June 2013 (A) | - | - | Initial report overdue since 11 Jul 2015 | |
| CERD | 20 September 2011 (S) | - | - | - | |
| OP-CRPD | 11 June 2013 (R) | - | - | - | |
| CAT | 20 September 2011 (S) | - | - | - | |
| CED | 20 September 2011 (S) | - | - | - | |
| Universal Periodic Review | 1 st cycle: November 2011; 2 nd cycle: January 2016; next cycle: 2021 | | | | |
| Samoa | | | | | |
| CEDAW | 25 September 1992 (A) | - | Combined 4 th and 5 th reports submitted 11 August 2010 | 6 th report overdue since 1 July 2016 | <ul style="list-style-type: none">• CAT• ICESCR• CERD• CAT-OP• CRC-OP-AC• Optional Protocol to the CRPD (CRPD-OP)• Optional Protocol to the ICCPR (ICCPR-OP) 1• ICCPR-OP 2• CRPD-OP• Optional Protocol to CEDAW |
| CRC | 29 November 1994 (R) | Art 28(1)(a) | Combined 2 nd to 4 th reports submitted 23 April 2014 | Up to date | |
| CRPD | 24 September 2014 (S) | - | - | - | |
| CED | 2 November 2012 (R) | - | - | Initial report overdue since 27 December 2014 | |
| CRC-OP-SC | 29 April 2016 (A) | - | - | - | |
| CRC-OP-CP | 29 April 2016 (A) | - | - | - | |
| Universal Periodic Review | 1 st cycle: 9 May 2011; 2 nd cycle: 3 May 2016; next cycle: 2021 | | | | |

| Solomon Islands | | | | | |
|---------------------------|--|---|--|--|---|
| CEDAW | 6 May 2002 (R) | - | 1 st to 3 rd reports submitted 2014 | 4 th report due in November 2018 | <ul style="list-style-type: none">• ICCPR• CAT• CED |
| CRC | 10 April 1995 (A) | - | Combined 2 nd and 3 rd reports submitted 1 July 2016 | Up-to-date | |
| CERD | 17 May 1982 (R) | - | Initial report submitted in 1983 | Combined 2 nd to 13 th reports overdue since 1985 to 2007 respectively | |
| CRPD | 23 September 2008 (S) | - | - | - | |
| CRC-OP-AC | 24 September 2009 (S) | - | - | - | |
| CRC-OP-SC | 24 September 2009 (S) | - | - | - | |
| Universal Periodic Review | 1 st cycle: 4 May 2011; 2 nd cycle: 26 January 2016; next cycle: 2021 | | | | |
| Tonga | | | | | |
| CRC | 6 November 1995 (A) | - | - | Initial report overdue since 6 December 1997 | <ul style="list-style-type: none">• ICCPR• ICESCR• CEDAW• CAT• CED• CRPD |
| CERD | 16 February 1972 (A) | Articles 5(d) (v), 6, 15 and 20 and Declarations: Article 4(a), 9(b)(c), 6, 15 and 20 | 14 th report submitted 17 Mar 1999 | 15 th report overdue since 17 Mar 2001 | |
| CRPD | 15 November 2007 (S) | - | - | - | |
| Universal Periodic Review | 1 st cycle: 14 May 2008; 2 nd cycle: 21 January 2013; next cycle: 2018 | | | | |

| Tuvalu | | | | | |
|---------------------------|---|---|--|---|---|
| CEDAW | 6 October 1999 (A) | - | Combined 3 rd and 4 th reports submitted in 2012 | 5 th report due 1 Mar 2019 | <ul style="list-style-type: none">• ICCPR• ICESCR• CAT• CED• CERD |
| CRC | 22 September 1995 (A) | - | Initial report submitted 16 Feb 2012 | Combined 2 nd to 5 th reports due 29 Oct 2017 | |
| CRPD | 18 December 2013 (A) | - | - | Initial report overdue since 18 Jan 2016 | |
| Universal Periodic Review | 1 st cycle: 11 December 2008; 2 nd cycle: 24 April 2013; next cycle: 2018 | | | | |
| Vanuatu | | | | | |
| CEDAW | 8 September 1995 (R) | - | Combined 4 th and 5 th reports submitted 17 Oct 2014 | Next report due 1 Mar 2020 | <ul style="list-style-type: none">• ICESCR• CED• CERD |
| CRC | 7 July 1993 (R) | - | 2 nd report submitted 3 Aug 2016 | Up to date | |
| CRPD | 23 October 2008 (R) | - | Initial report submitted 18 August 2015 | Up to date | |
| CED | 6 February 2007 (S) | - | - | - | |
| CAT | 12 July 2011 (A) | - | - | Initial report overdue since 11 Aug 2012 | |
| CRC-OP-AC | 26 September 2007 (A) | Binding declaration under Article 3: 18 years | Initial report submitted 3 Aug 2016 | Up to date | |
| CRC-OP-SC | 17 May 2007 (A) | - | Initial report submitted 3 Aug 2016 | Up to date | |
| Universal Periodic Review | 1 st cycle: 12 May 2009; 2 nd cycle: 30 January 2014; next cycle: 2019 | | | | |

9.3. Annex C

Legislative prohibition of violence against children under domestic law (summary)

| | Child protection law | Family protection / domestic violence law | Protection from violence in general law | Total prohibition of corporal punishment in law | Corporal punishment prohibited in schools |
|------------------------|---|---|--|---|--|
| Fiji | YES Child Welfare Decree 2010 | YES Domestic Violence Decree 2009 | YES -Articles 11(2) and 41(1)d Constitution 2013 - Penal Code and Crimes Decree | NO Section 57 of the Juveniles Act 1974 permits "the right of any parent, teacher or other person having the lawful control or charge of a juvenile to administer reasonable punishment to him." | (YES) Article 41(1)(d) Constitution (Fiji) 2013 has been interpreted by a High Court ruling to prohibit corporal punishment in schools. Corporal punishment is prohibited under Guidelines and the National Child Protection Policy. ^{xxxiv} |
| Solomon Islands | YES Child and Family Welfare Act (2016) | YES Family Protection Act 2017 | YES Penal Code 1963 | NO Article 233 of the Penal Code (Solomon Islands) 1963 provides for "the right of any parent, teacher, or other person, having the lawful control of a child or young person to administer reasonable punishment to him" and the Child and Family Welfare Act (Solomon Islands) (2016) does not explicitly prohibit corporal punishment | NO Education Act 1978 does not prohibit corporal punishment in schools. |
| Vanuatu | NO Government has plans to draft Child Law ^{xxxv} | YES Family Protection Act 2008 | YES -Article 5(1)(e) Constitution 2006 - Section 107 Penal Code (Cap 135) As Amended | NO 'Common law' defence of 'reasonable chastisement' for parents and guardians accused of assault. | YES Section 47(2) Education Act 2014 requires guidelines to prohibit corporal punishment. |

| | Child protection law | Family protection / domestic violence law | Protection from violence in general law | Total prohibition of corporal punishment in law | Corporal punishment prohibited in schools |
|---------------------|--|--|---|--|--|
| Cook Islands | YES Protection of Children Ordinance 1954 | NO Family Law Bill has been drafted | YES Crimes Act 1969 | NO Section 61 Crimes Act 1969 allows for reasonable force. | YES Section 109 Education Act 2013 |
| Niue | NO | YES Family Law Code 2007 | YES - Sections 157 and 157A Niue Act 1966 | NO Section 238 Niue Act 1969 permits common law defence of reasonable chastisement. | NO Section 22(3) Education Act 1989 |
| Samoa | YES Infants Ordinance 1961 (Child Care and Protection Bill drafted) | YES Family Safety Act 2013 | YES -Crimes Act 2013 -Crimes Ordinance 1961 | NO Section 11 Crimes Act 2013 allows for common law defence of reasonable chastisement. | YES Section 23 Education Act 2009 (for compulsory government education) |
| Tokelau | NO | NO | YES Section 12 Crimes, Procedures and Evidence Rules 2003 | NO Section 15(3) Crimes, Procedure and Evidence Rules 2003 allows corporal punishment by parents, guardians and carers for reasonable force. | (YES) Prohibited under policy through the National Curriculum Policy Framework 2006. ^{xxxvi} |
| Tonga | NO | NO | YES Sections 112 and 115 Criminal Offences Act 1926 (Amended 1988) | NO Section 3 Civil Law Act 1966 (As Amended 1983) provides that common law of England applies, which includes reasonable chastisement defence in relation to corporal punishment. | YES Section 40 Education (Schools and General Provisions) Regulations 2002. ^{xxxvii} |

| | Child protection law | Family protection / domestic violence law | Protection from violence in general law | Total prohibition of corporal punishment in law | Corporal punishment prohibited in schools |
|---------------|--|--|--|--|--|
| Tuvalu | NO | YES Family Protection and Domestic Violence Act 2014 | YES Section 226 of Penal Code 1965 | NO Principle 4 of the Constitution 1986 allows for corporal punishment: "amongst the values that the people of Tuvalu seek to maintain are their traditional forms of communities, the strength and support of the family and family discipline"; see also Article 17(2) Constitution. -Section 226 Penal Code 1965. | YES Education (Amendment) Act 2016 |
| FSM | Under Code system, appears within broader codes Federal: 41 FSMC 5 Chuuk: 23 CSC s. 1601 et seq Kosrae: 6 KSC s.4801 et seq Pohnpei: Yap: 11 YSC s.1201 et seq | Federal: NO Chuuk: NO Kosrae: YES – Family Protection Act 2015 Pohnpei: NO Yap: NO | YES Federal: FSMC Chuuk: 12 CSC s. 201 et seq Kosrae: 13 KSC s. 301 et seq Pohnpei: YES Yap: 11 YSC s. 201 et seq | Overall, NO. For example, 41 FSMC 501, 11 YSC 12 and 48 KSC 6. | Unknown but reported to be prohibited |

| | Child protection law | Family protection / domestic violence law | Protection from violence in general law | Total prohibition of corporal punishment in law | Corporal punishment prohibited in schools |
|-----------------|---|---|--|--|--|
| Kiribati | YES Children, Young People and Family Act 2012 | YES Family Peace Act 2014 | YES Penal Code 1977 | NO Section 226 Penal Code 1977 | YES Education Act 1997 |
| Nauru | YES Child Protection and Welfare Act 2016 | NO Discussions are ongoing | YES Crimes Act 2016 | NO Section 78 Crimes Act 2016 states, in relation to common assault, "conduct that is within the limits of what would be acceptable to a reasonable person as incidental to social interaction or community life cannot amount to an offence under this section." | YES Section 37 Education Act 2011 |
| Palau | YES Child Abuse Law (21 PNC 6) | YES Family Protection Act 2013 | | NO Section 309 Penal Code 2013 provides a justification in relation to reasonable discipline. | (YES) Prohibited in policy but now in law |
| RMI | YES Child Rights Protection Act 2015 | YES Domestic Violence Prevention and Protection Act 2011 | YES Criminal Code 2011 | NO Section 3.08 of the Criminal Code 2011 provides justification of "the use of force towards another person" if perpetrated by a parent/person acting in loco parentis, if the force was "reasonable" and used for the purpose of safeguarding or welfare. | YES Public School System Act 2013 and Section 1009(2) Child Rights Protection Act 2015. |

Footnotes in tables

| Footnote | Details | On Page |
|----------|--|---------|
| I | SOWC 2016. | 8 |
| II | UNISDR and GADRRRES, 'A Global Framework in Support of the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and the Worldwide Initiative for Safe Schools', January 2017, on http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf [24.01.17]. | 18 |
| III | Land area statistics, Pacific Community, Human Rights in the Pacific: A Situational Analysis, http://rrrt.spc.int/images/PDF_Files/Human_Rights_In_The_Pacific_A_Situational_Analysis.pdf . | 20 |
| IV | Ocean area statistics retrieved from: FAO, Country Profiles, http://www.fao.org/fishery/countryprofiles/search/en . | 20 |
| V | OCHA, Tokelau, http://www.unocha.org/pacific/country-profiles/tokelau . | 21 |
| VI | Cook Islands National Sustainable Development Plan 2016-2020, http://mfem.gov.ck/images/documents/CEO_docs/Other%20Documents/National-Sustainable-Development-Plan_2016-2020.pdf [31.7.17], p. 13. | 30 |
| VII | Government of Fiji, Strategic Development Plan 2007-2011, available at http://www.planning.gov.fj/images/stories/Strategic_Development_Plan_2007-2011.pdf . | 30 |
| VIII | FSM Strategic Development Plan 2004-2023, https://www.adb.org/sites/default/files/linked.../cobp-fsm-2015-2017-sd-02.pdf [1.8.17]. | 30 |
| IX | Government of Kiribati, Kiribati Development Plan 2016-2019. http://www.mfed.gov.ki/sites/default/files/Kiribati%20Development%20Plan%202016%20-%202019.pdf [1.8.17]. | 30 |
| X | Republic of the Marshall Islands National Strategic Plan 2015-2017, https://www.adb.org/sites/default/files/linked-documents/cobp-rmi-2016-2018-ld-04.pdf [1.8.17]. | 30 |
| XI | Government of Nauru, National sustainable development strategy 2005-2025, http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/nauru/nauru_development_strategy_2025_en_2005.pdf [31/7/17]. | 30 |
| XII | Niue National Strategic Plan 2009-2013, available at http://www.paris21.org/sites/default/files/NIUE_STRATEGIC_PLAN_2009-2013.pdf [1.8.17]. | 30 |
| XIII | Palau 2020 National Master Development Plan, available at http://phtpacific.org/sites/default/files/arrgmnts_plans_dev_frame/90/files/PLW_NationalMasterDevelopmentPlan-2020_2010-06_Part1.pdf [3.8.17]. | 30 |
| XIV | Ministry of Finance, Government of Samoa, the Strategy for the Development of Samoa 2016/17 – 2019/20, available at: https://www.mof.gov.ws/Portals/195/EPPD/SDS%201617-1920_Eng.pdf [3.8.17]. | 30 |
| XV | Government of the Solomon Islands, National Development Strategy 2016-2035, https://www.adb.org/sites/default/files/linked-documents/cobp-sol-2017-2019-ld-01.pdf [4.8.17]. | 30 |

| Footnote | Details | On Page |
|----------|---|---------|
| XVI | Tokelau National Strategic Plan 2010-2015, http://www.tokelau.org.nz/Strategic+Plan.html [4.8.17]. | 30 |
| XVII | Government of Tonga, Tonga Strategic Development Framework 2015-2025, http://www.finance.gov.to/sites/default/files/TSDF%20II_English_printed%20to%20LA%20on%2019May2015_0.pdf [4.8.17]. | 30 |
| XVIII | Government of Tuvalu, TE KAKEEGA III National Strategy for Sustainable Development 2016 to 2020, https://www.adb.org/sites/default/files/linked-documents/cobp-tuv-2017-2019-ld-02.pdf [4.8.17]. | 30 |
| XIX | Government of Vanuatu, National Sustainable Development Plan 2016-2030, 'Vanuatu 2030: The People's Plan' https://www.gov.vu/en/publications/vanuatu-2030 . [4.8.17]. | 30 |
| XX | Ibid. p. 2. | 91 |
| XXI | US State Department. Trafficking in Persons Report. June 2016. p. 169. | 141 |
| XXII | Ibid., p. 267. | 141 |
| XXIII | Ibid., p. 227. | 141 |
| XXIV | Ibid., p. 297. | 141 |
| XXV | Ibid., p. 262. | 141 |
| XXVI | Ibid., p. 371. | 141 |
| XXVII | Ibid., p. 339. | 141 |
| XXVIII | Data from Chuuk, Kosrae and Pohnpei only. | 143 |
| XXIX | Refers only to marriage between two non-citizens or one non-citizen and one citizen. | 143 |
| XXX | Integrated Child Health and Nutrition Survey 2017. | 158 |
| XXXI | Unfortunately, the 2013/14 HIES had not, at the time of writing, been the subject of a poverty analysis so it was not possible to use its data for analysis in this section (the 2005 HIES and accompanying poverty analysis has been used where necessary). | 168 |
| XXXII | Ibid. | 168 |
| XXXIII | The 2015/16 HIES is the first in Tokelau and as not been published in full. A summary has been published, and this is used for this analysis where possible. | 168 |
| XXXIV | CRC Committee Reply to list of issues, (Fiji), 2014, para. 14. | 213 |
| XXXV | Draft Report of the Working Group, UPR Process, Vanuatu, 2014, para. 85. | 213 |
| XXXVI | Global Initiative to End All Corporal Punishment of Children, Country Report, Tokelau, http://www.endcorporalpunishment.org/progress/country-reports/tokelau.html . | 214 |
| XXXVII | Ibid. Tonga, http://www.endcorporalpunishment.org/progress/country-reports/tonga.html . | 214 |

For every child
Whoever she is.
Wherever he lives.
Every child deserves a childhood.
A future.
A fair chance.
That's why UNICEF is there.
For each and every child.
Working day in and day out.
In 190 countries and territories.
Reaching the hardest to reach.
The furthest from help.
The most left behind.
The most excluded.
It's why we stay to the end.
And never give up.

